

November 15, 2004

civilians standing all around the doorway and on the sidewalk across from the structure. Sgt. Davis was the initial personnel that was in violation of entering the hot zone without proper PPE. After investigating the incident other circumstances were involved.

After several hours of counseling all three supervisors about how important it is to treat all incidents in the initial stages as a serious threat. It was also made clear that the IC was the only individual that would make any deviation. They were also advised that there would be no free-lancing. Sgt. Johnson and stated that it was a learning experience and very beneficial. They were advised to go by the SOP's.

**PHENIX CITY FIRE RESCUE**

Sgt. David Davis

Nov. 5, 2004

Concerning your letter of Nov. 1, 2004.

First of all thank you for bring it to our attention that this matter is not covered under the guideline of the Merit System or Department SOPs. This can be taken care of for future situations.

I ask you to consider that this is the first opportunity for this department to utilize part-time employees in the capacity of Firefighters. We have been short on personnel for various reasons. The intent was to fill positions temporally while our Fire Personnel were participating in the war on terrorism in the U. S. Armed Forces. Also to allow time for this department to hire and train new full-time personnel to replace those who have left for various reasons. Three additional personal are on the disable list and there positions cannot be filled.

As far as your questioning of another persons credentials as a part time employee. This is the responsibility of the Assistant Chief and he is aware that the person involved is a 15-year Firefighter with Driver/Engineer experience as well as being a Company Officer for 5 years. This could also be an opportunity for you to learn from a more experienced person than yourself. A cooperative attitude would show a sign of maturity on your part.

Your safety or the safety of others in the Company in question is not jeopardized by the decision to place this individual in charge of a company. He has served in that capacity before with positive results.

I encourage you to keep an open mind in matters of this nature.

You have been given opportunities to serve in a higher position on many occasions. This is primarily because we have a young department and it is important for future development in all job categories.

This was not meant to discredit or discourage anyone.

Jerry Prater  
Fire Chief

November 1, 2004

To Fire Chief Jerry Prater:

This grievance is in regards to a situation that occurred on October 22, 2004 at Station 1. On this date the Assistant Chief on duty for A-Shift, Kenny Johansen, left Station 1 to go work on the concrete floors at Station 3. He had informed Station 1's Captain, Rick Hamby, that he would be the Acting Assistant Chief in his absence. In addition, he also directed that Part-time Firefighter, Norman Cordell, would be the Acting Company Officer while Captain Hamby was the Acting Assistant Chief. In spite of the fact that I am a career employee, and hold the rank of Sergeant, I was not allowed to act as the Company Officer, and this is where the basis of my grievance begins.

The organizational chart, lists the rank structure within the Fire Department. The rank of line personnel shows that it goes from the Assistant Chief, Captain, Sergeant, and then Firefighter. According to this organizational system, in which the Department is built upon, the rank of Firefighter, much less a Part-Time Firefighter is below that of the rank of Sergeant.

This organizational rank structure is important when it comes to applying the rules, regulations, and procedures within our department, and how we operate. In our Overtime Policies, in the Standard Operating Procedures (S.O.P's.), it states... that every consideration needs to be that employees only work overtime in the same rank structure, the exception being... when it is necessary, that employees can work one rank structure above or below. This means, according to our organizational chart, and (S.O.P's.), that a Firefighter cannot work in the position of Company Officer.

Our Swap Policies in the Standard Operating Procedures, works in much the same way as the Overtime Policy, in that .....personnel can only swap with another department member of equal or higher rank. This again demonstrates that according to our own organizational chart, that a firefighter would never be allowed to work in a Company Officer's position.

The Career Development Guide is provided to allow employees to maximize their opportunities for career development and advancement.. it states that through career development employees should have opportunity for higher salaries, increased responsibility and authority. It also states that the department in turn, must contribute to an environment, which fosters employee motivation, and improvement, with opportunities to develop and succeed. I feel that the situation that occurred was not consistent with this statement. The requirements to act as a Company Officer, according to the career development guide, require that an employee first be a certified firefighter and E.M.T. Further more, employees must be a certified firefighter for two years, with at least a one year minimum at Phenix City to test for the Sergeant position. In addition to the time required employees must be apparatus operator-pumper and aerial, E.M.T., and certified fire inspector, with 33 semester hours from an accredited college. This does not include the fact that employees must compete to obtain the rank of Sergeant in promotional exams.

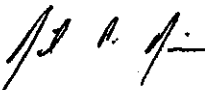
I feel that as an employee who has dedicated his adult life to Phenix City Fire/Rescue, and tried in every way, through advanced education and training, to further my career, and at the same time,

November 1, 2004

become a better asset to the community that this situation has demoralized and insulted me, not to mention discouraged my determination to advance and succeed in this organization. I feel as though I was not given the opportunity that should be allowed to serve as an Acting Company Officer, this according to our own rank structure and rules, regulation, and procedures of Phenix City Fire/Rescue. I have never in my career here in Phenix City, seen an employee allowed to act in a role that was two positions above their rank. I feel that this act was unfair, unjustified, and unprecedented. Since I am a career employee who has the rank, qualifications and time required to act in this role, I feel that I should have been allowed to perform this duty, in that I meet all requirements set forth by our department, and I am not sure that a Part-Time employee does. It is a considerable injustice to all employees that have dedicated their lives through their service and loyalty to Phenix City/Fire Rescue, to have their professionalism and livelihood compromised by an employee who not only does not meet the minimum qualifications, but does not conform with the standards that our own career employees must meet to perform the duties in which was required on the day in question. This according to the only policies that I have known and worked under in my career at Phenix City.

I also feel that as a member of public safety that this situation threatened my safety and health. In addition, I also feel that there was a risk to the safety and health of the public, and other members of our department. I did not, and do not, feel comfortable risking my life in the performance of the missions required of our department with someone I do not know, or trust. I do not know, as I would with the other members of our department, this part-time employee's level of job skills, experience, or expertise. I do know that the career employees of Phenix City have to meet certain requirements, and training. In addition, our career employees also have to successfully completing rigorous competitive test to reach a rank, and level, to perform our missions safely and effectively, especially in the capacity of a supervisor, where life and death decisions are made. I do not know if this employee meets these standards. Nor do I know if he understand the various rules, regulation, or procedures, required to being operational safe and effective, within our department, and it's mission of protecting the public. I feel that these issues cause me to have a major concern for my safety and health, and is a significant motive for this grievance.

Sincerely,



David P. Davis  
Sergeant, Phenix City Fire/Rescue

**CITY OF PHENIX CITY  
ACCIDENT REVIEW COMMITTEE**

DATE OF REVIEW: \_\_\_\_\_ DATE OF INCIDENT/ACCIDENT: 2-13-03

DEPARTMENT INVOLVED: Fire TIME OF ACCIDENT: 21:08

EMPLOYEE INVOLVED: David Davis SUPERVISOR Robert Boatner

EQUIPMENT / PROPERTY DAMAGED: NO ESTIMATED VALUE: NO

OWNER OF PROPERTY: City ( \_\_\_\_\_ OTHER \_\_\_\_\_ )

SAFETY COORDINATOR NOTIFIED: \_\_\_\_\_ BY: \_\_\_\_\_

DRUG / ALCOHOL TEST GIVEN AT: \_\_\_\_\_ BY: \_\_\_\_\_

**COST TO CITY**

1. Lost Work Time (Days and Hours): 0

2. Medical Cost: 0

3. Property Damage: (City) \$ 0 (Other) \$ \_\_\_\_\_

WAS EMPLOYEE AT FAULT? NO

DISCIPLINARY ACTION RECOMMENDED BY SUPERVISOR: NO

DISCIPLINARY ACTION RECOMMENDED BY DEPT. HEAD: NO

PREVENTION STRATEGIES: none

**OTHER INFORMATION:**

DEPARTMENT HEAD Larry T. Prater

SAFETY COORDINATOR RJK

CITY MANAGER Max Wiese

ALL INJURIES MUST BE REPORTED WITHIN 24 HOURS AFTER ACCIDENTACCIDENT WITH PERSONAL INJURY

DATE OF INJURY: Feb 13, 2003 TIME: 21:08  
 NAME OF EMPLOYEE: David Davis DEPARTMENT: Fire  
 ADDRESS OF ACCIDENT: 1108 11<sup>th</sup> ST.

CITY PROPERTY YES ( ) NO ( )

HOW INJURY OCCURRED AND EXTENT OF INJURY: While fighting a living room and Den Fire, FF Davis recieved minor burns over his body.

PART OF BODY INJURED: Both ears, Knuckles on the hand and Left Shoulder area.

WAS FIRST AID ADMINISTERED? yes IF SO, ADMINISTERED BY: FF Dubberly

WAS PROFESSIONAL MEDICAL ATTENTION NECESSARY? YES ( ) NO ( ) ☒

IF SO, NAME OF PHYSICIAN: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

HAS INJURED RETURNED TO WORK? YES ( ) ☒ NO ( )

IF SO, SPECIFY TYPE OF DUTY: REGULAR DUTY ( ) ☒ LIGHT DUTY ( )

IF EMPLOYEE HAS RETURNED TO WORK, DATE OF RETURN: Feb 13, 2003

WAS EMPLOYEE PAID FOR FULL DAY OF INJURY? YES ( ) ☒ NO ( )

IF EMPLOYEE HAS NOT RETURNED TO WORK, STATE PROBABLE LENGTH OF DISABILITY: \_\_\_\_\_

EMPLOYEE'S OCCUPATION WHEN INJURED: Fire Fighter BI-WEEKLY WAGE: N/A

EMPLOYEE'S HOME ADDRESS: 6225 Lee RD 240

TELEPHONE NUMBER: 834 291-1927 SEX: M AGE: 28 SS# 256-19-1294

MARITAL STATUS: MARRIED ( ) SINGLE ( ) ☒ SEPARATED ( ) DIVORCED ( ) WIDOWED ( )

NUMBER OF CHILDREN UNDER AGE 18: 0 NUMBER OF DEPENDENTS: 0

LENGTH OF EMPLOYMENT WITH THE CITY? 4 yrs + 9 months LENGTH OF TIME IN PRESENT JOB? same

ON THIS 13<sup>th</sup> DAY OF Feb 2003, WE INDIVIDUALLY CERTIFY THE ABOVE

INFORMATION TO BE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE.

/s/  
EMPLOYEE

Capt. Zvahr  
SUPERVISOR

DIVISION HEAD

Greg T. Butler  
DEPARTMENT HEAD

**received**  
2/24/03

DO NOT WRITE BELOW THIS SPACE

DATE RECEIVED

TIME

DATE FILED

LR BC/BS ACCOUNTING

# SUPERVISOR'S REPORT OF ACCIDENT/INJURY CLASSIFICATION OF OCCURRENCE

## SECTION I

Employee Injury \_\_\_\_\_  
 Motor Vehicle/Equipment Accident \_\_\_\_\_  
 Other \_\_\_\_\_  
 City Vehicle/Equipment # \_\_\_\_\_  
 Regular Duties: Yes \_\_\_\_\_ No \_\_\_\_\_  
 Name of Doctor \_\_\_\_\_  
 Name of Hospital \_\_\_\_\_  
 Name & Type of Transportation to Doctor or Hospital \_\_\_\_\_

## SECTION II

## OCCURRENCE TIME AND LOCATION

Date & Time of Occurrence 2/13/03 21:08 AM/PM Date of this Report Feb 13, 2003  
 Location of Occurrence 1108 11th Street

## SECTION III

## GENERAL INFORMATION

Employee/Operator David Davis Supervisor in Charge C/O Boatner  
 Job Title Fire Fighter Time in Present Position 4 years & 9 months  
 Department FIRE Division \_\_\_\_\_  
 Witnesses: \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
 \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

## SECTION IV

## AT TIME OF ACCIDENT/INJURY

## WAS EMPLOYEE

A. Violating a Safety Rule No ☒ Yes \_\_\_\_\_  
 B. Careless in Use of Equip. No ☒ Yes \_\_\_\_\_  
 C. Ignoring Instructions No ☒ Yes \_\_\_\_\_

## WAS EQUIPMENT

A. In Good Working Condition No \_\_\_\_\_ Yes ☒  
 B. Used For Intended Purposes No \_\_\_\_\_ Yes ☒  
 C. Properly Serviced No \_\_\_\_\_ Yes ☒  
 D. Last Time Equipment Inspected \_\_\_\_\_

WEATHER CONDITIONS: ☒ Clear \_\_\_\_\_ Cloudy \_\_\_\_\_ Rain \_\_\_\_\_ Snow \_\_\_\_\_ Sleet/Hail \_\_\_\_\_  
 \_\_\_\_\_ Fog \_\_\_\_\_ Other \_\_\_\_\_ Approximate Temperature 46°



## SUPERVISOR'S REPORT OF ACCIDENT/INJURY

## SECTION V

ONLY COMPLETE THIS SECTION IF REPORT PERTAINS TO MOTOR  
VEHICLE/EQUIPMENT ACCIDENT

Type of Vehicle/Equipment (car, dump truck, backhoe, etc.) \_\_\_\_\_

Damage Description \_\_\_\_\_

Police Report: No \_\_\_ Yes \_\_\_ Report # \_\_\_\_\_

If "No" Provide: Driver of Other Vehicle \_\_\_\_\_ Owner \_\_\_\_\_

## SECTION VI

ONLY COMPLETE THIS SECTION IF REPORT PERTAINS TO OTHER  
PROPERTY DAMAGE/LOSS

Description of Damage/Loss \_\_\_\_\_

Police Report: No \_\_\_ Yes \_\_\_ Report # \_\_\_\_\_

## SECTION VII

Department Head's Estimate of Damage \$ \_\_\_\_\_

## SECTION VIII

ONLY COMPLETE THIS SECTION IF REPORT PERTAINS TO EMPLOYEE  
INJURYAction Taken: First Aid Station Only In house EMS Response \_\_\_\_\_

Required Physician (Attach Doctor's Note) \_\_\_\_\_ Hospitalized \_\_\_\_\_

BODY PART INJUREDHead \_\_\_\_\_ Neck \_\_\_\_\_ Back \_\_\_\_\_ Arm \_\_\_\_\_ Hand ✓

Finger \_\_\_\_\_ Leg \_\_\_\_\_ Knee \_\_\_\_\_ Ankle \_\_\_\_\_ Foot \_\_\_\_\_

Toe \_\_\_\_\_ Eye \_\_\_\_\_ Face \_\_\_\_\_ Chest \_\_\_\_\_ Wrist \_\_\_\_\_

Other ✓ Describe Knuckles / Left Shoulder + Both Ears



## SUPERVISOR'S REPORT OF ACCIDENT/ INJURY

## NATURE OF INJURY

Abrasion \_\_\_\_\_ Cut \_\_\_\_\_ Puncture \_\_\_\_\_ Bruise \_\_\_\_\_ Fracture \_\_\_\_\_  
 Strain/Sprain \_\_\_\_\_ Foreign Body \_\_\_\_\_ Poison Oak/Ivy \_\_\_\_\_ Insect Bite \_\_\_\_\_  
 Burn ✓ Loss of Consciousness \_\_\_\_\_ Other \_\_\_\_\_ Describe \_\_\_\_\_

## LOSS TIME AND RESTRICTED DUTY

Has Injured Returned to Work? No \_\_\_\_\_ Yes ✓

If Yes, Total Hours Away From Work 0

Has Injured Been Placed on Restricted Duty? No ✓ Yes \_\_\_\_\_

If Yes, How Long \_\_\_\_\_

## SECTION IX

What Was Employee Doing When Accident /Injury Occurred F/K DAVIS WAS  
ADVANCING 1 3/4 HAND LINE INTO A SINGLE STORY  
RESIDENTIAL STRUCTURE FIRE

Explain In Detail How And Why Did This Accident/Injury Occur (unsafe conditions, unsafe acts, etc.)  
DUE TO EXTREM HEAT INSIDE STRUCTURE AND APPLICATION  
OF WATER, STEAM AND HEAT REDIRECTED DOWN ONTO  
F/K DAVIS WHILE HE WAS IN AN OFFENSIVE FIRE ATTACK

Suggestion(s) To Help Prevent Similar Accident/Injury From Occurring DUE TO FIGHTING FIRE  
FROM AN INTERIOR ATTACK THIS CONDITIONS MAY  
OCCURS TIME TO TIME

Describe Action Taken, If Any, To Prevent Similar Accident/Injury From Occurring NONE

SUPERVISOR'S REPORT OF ACCIDENT/INJURY

Is Any Disciplinary Action Proposed? Yes \_\_\_\_\_ No ☒ If Yes, Explain \_\_\_\_\_

Any Additional Action Necessary? Yes \_\_\_\_\_ No ☒ If Yes, Explain \_\_\_\_\_

Was Accident/Injury Preventable \_\_\_\_\_ Non-Preventable ☒ Don't Know \_\_\_\_\_

If Non-Preventable, Explain: from attacking a structure from inside  
this may happen from time to time.

A PREVENTABLE ACCIDENT/INJURY IS ONE IN WHICH OUR EMPLOYEE FAILED  
TO DO EVERYTHING WITHIN REASON TO PREVENT IT FROM OCCURRING.

SUPERVISOR CONDUCTING INVESTIGATION: Capt Bostner

Date Signed 02-14-2003

I Have Read The above: [Signature]

SIGNATURE OF AFFECTED EMPLOYEE

Affected Employee's Comments/Suggestions: \_\_\_\_\_

DEPARTMENT HEAD SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ROUTING: SEND ORIGINAL TO PERSONNEL FOR FILES. COPY TO CITY MANAGER. REPORT  
SHOULD BE COMPLETED WITHIN 48 HOURS AFTER ACCIDENT. THIS FORM DOES  
NOT ELIMINATE THE NEED FOR THE FIRST REPORT OF INJURY PRESENTLY BEING  
COMPLETED.

RECOMMENDED PENALTY FOR FIRST OFFENSE:	WRITTEN INSTRUCTION AND CAUTIONING
SECOND OFFENSE:	EIGHT (8) HOURS SUSPENSION
THIRD OFFENSE:	FORTY (40) HOURS SUSPENSION
FOURTH OFFENSE:	DISCHARGE



*City of* **PHENIX CITY** *Alabama*

1119 BROAD STREET  
PHENIX CITY, ALABAMA 36867  
(334) 448-2706 • FAX (334) 448-2712

H. S. (SONNY) COULTER  
MAYOR

J. W. BRANNEN  
COUNCIL MEMBER AT LARGE

JOHN STOREY  
COUNCIL MEMBER DISTRICT 1

GAIL BRANTLEY  
COUNCIL MEMBER DISTRICT 2

ARTHER SUMBRY  
COUNCIL MEMBER DISTRICT 3

H. H. (BUBBA) ROBERTS  
CITY MANAGER

ANTHONY HUNT  
CITY CLERK

October 2, 2002

David P. Davis  
185 Lee Road 236  
Phenix City, AL 36867

RE: Personnel Review Board Hearing

Dear Mr. Davis,

This letter is to inform you of the findings of the Personnel Review Board on the appeal of your suspension. It is the determination of the Board, with the agreement of Max Wilkes, Acting City Manager, that your eight hours suspension without pay be reinstated. The "Written Warning Form" for the offense of September 19, 2002 will be revised to read: "Current Corrective Action Taken: Written reprimand. Next offense within a thirty day period shall result in eight hours suspension without pay for Group I Offense or Instruction and twenty-four (24) hours suspension without pay for a Group II Offense, depending on the circumstances of the offense".

You will receive a copy of the revised Written Warning Form after you have signed it. Should you have any questions please feel free to call Barbara Goodwin, Personnel Director at 448-2751.

Sincerely,

Dan Redmon  
Chairman, Personnel Review Board

cc: City Manager  
Fire Chief  
Personnel File

CITY OF PHENIX CITY  
ACCIDENT REVIEW COMMITTEE

Oct. 31, 2002

DATE OF REVIEW: 9-22-02 DATE OF INCIDENT/ACCIDENT: 9-19-02DEPARTMENT INVOLVED: Fire TIME OF ACCIDENT: 1920 hrsEMPLOYEE INVOLVED: David Davis SUPERVISOR D/E James AnthonyEQUIPMENT / PROPERTY DAMAGED: Yes ESTIMATED VALUE: \_\_\_\_\_OWNER OF PROPERTY: City ( ☒ ) OTHER \_\_\_\_\_

SAFETY COORDINATOR NOTIFIED: \_\_\_\_\_ BY: \_\_\_\_\_

DRUG / ALCOHOL TEST GIVEN AT: Yes BY: Russell Co. Sheriff Office

## COST TO CITY

1. Lost Work Time (Days and Hours): —2. Medical Cost: —3. Property Damage: (City) \$ \_\_\_\_\_ (Other) \$ —WAS EMPLOYEE AT FAULT? YesDISCIPLINARY ACTION RECOMMENDED BY SUPERVISOR: Written Reprimand with 8 hrs suspension without pay.DISCIPLINARY ACTION RECOMMENDED BY DEPT. HEAD: Revised to written reprimand by Personnel Review Bd 10/1/02PREVENTION STRATEGIES: Before moving the apparatus make sure all compartment doors and cab doors have been completely closed and secured. The driver operator will want to double check all doors although they appear to be closed before moving apparatus

## OTHER INFORMATION:

FF D. Davis was suspended for 8 hrs without pay on 9-22-02.DEPARTMENT HEAD Sam T. PlaterSAFETY COORDINATOR Sam T. PlaterCITY MANAGER John H. Baker

\*\*\*\*\*

RUSSELL CSO  
ALCOTEST 7110 MKIIC  
SERIAL NO.: ARMM-0566  
DATE : 09/19/2002  
START TIME: 20:22:11  
END TIME : 20:28:40  
\*\*\*\*\*

## OPERATOR

PERMIT NO: D01218  
PERMIT EXPIR: 12/31/2003  
LAST NAME: BUSSEY JR  
FIRST NAME: DANNY  
MIDDLE INIT: L  
ID. NUMBER: C  
AGENCY: RUSSELL CSO  
\*\*\*\*\*

## SUBJECT

LAST NAME: DAVIS  
FIRST NAME: DAVID  
MIDDLE INIT: P  
DL# OR SS#: 256191294  
REASON FOR TEST: ACCIDENT  
\*\*\*\*\*

TST1 BREATH-TEMP: 35.7°C  
BLANK 0.00 20:24:23  
TEST1 IR 0.00 20:25:06  
TEST1 EC 0.00 20:25:06  
BLANK 0.00 20:25:12  
TST2 BREATH-TEMP: 35.7°C  
TEST2 IR 0.00 20:27:17  
TEST2 EC 0.00 20:27:17  
BLANK 0.00 20:27:24  
\*\*\*\*\*

\* RESULT: \*  
\* 0.00 9/2101 \*  
\* \*  
\*\*\*\*\*

SIGNATURE OPER:

*[Signature]*  
\*\*\*\*\*

**SUPERVISOR'S REPORT OF ACCIDENT/INJURY  
CLASSIFICATION OF OCCURRENCE**

**SECTION I**

Employee Injury \_\_\_\_\_

Motor Vehicle/Equipment Accident Occurred at Fire Station #3 510 So. Seale Rd.

Other \_\_\_\_\_

City Vehicle/Equipment # Engine #4Regular Duties: Yes X No \_\_\_\_\_

Name of Doctor \_\_\_\_\_

Name of Hospital \_\_\_\_\_

Name &amp; Type of Transportation to Doctor or Hospital \_\_\_\_\_

**SECTION II****OCCURRENCE TIME AND LOCATION**Date & Time of Occurrence 9/19/02 1920 AM/PM Date of this Report Sept. 19, 2002Location of Occurrence Fire Station #3 510 South Seale Rd.**SECTION III****GENERAL INFORMATION**Employee/Operator F/F David DavisSupervisor in Charge Driver Eng AnthonyJob Title Fire FighterTime in Present Position Four yearsDepartment Fire Dept.Division Public Safety

Witnesses: \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**SECTION IV****AT TIME OF ACCIDENT/INJURY****WAS EMPLOYEE**A. Violating a Safety Rule No ✓ Yes \_\_\_\_\_B. Careless in Use of Equip. No ✓ Yes \_\_\_\_\_C. Ignoring Instructions No ✓ Yes \_\_\_\_\_**WAS EQUIPMENT**A. In Good Working Condition No \_\_\_\_\_ Yes ✓B. Used For Intended Purposes No \_\_\_\_\_ Yes ✓C. Properly Serviced No \_\_\_\_\_ Yes ✓D. Last Time Equipment Inspected DailyWEATHER CONDITIONS: \_\_\_\_\_ Clear X Cloudy \_\_\_\_\_ Rain \_\_\_\_\_ Snow \_\_\_\_\_ Sleet/Hail \_\_\_\_\_\_\_\_\_\_ Fog \_\_\_\_\_ Other \_\_\_\_\_ Approximate Temperature 79° F

**SUPERVISOR'S REPORT OF ACCIDENT/INJURY**

**SECTION V**

ONLY COMPLETE THIS SECTION IF REPORT PERTAINS TO MOTOR VEHICLE/EQUIPMENT ACCIDENT

Type of Vehicle/Equipment (car, dump truck, backhoe, etc.) Fire Truck Pumper

Damage Description Driver Side rear door handle

Police Report: No ☐ Yes ☒ Report # \_\_\_\_\_

If "No" Provide: Driver of Other Vehicle \_\_\_\_\_ Owner \_\_\_\_\_

**SECTION VI**

ONLY COMPLETE THIS SECTION IF REPORT PERTAINS TO OTHER PROPERTY DAMAGE/LOSS

Description of Damage/Loss \_\_\_\_\_

Police Report: No ☐ Yes ☐ Report # \_\_\_\_\_

**SECTION VII**

Department Head's Estimate of Damage \$ \_\_\_\_\_

**SECTION VIII**

ONLY COMPLETE THIS SECTION IF REPORT PERTAINS TO EMPLOYEE INJURY

Action Taken: First Aid Station Only \_\_\_\_\_ EMS Response \_\_\_\_\_

Required Physician (Attach Doctor's Note) \_\_\_\_\_ Hospitalized \_\_\_\_\_

**BODY PART INJURED**

Head \_\_\_\_\_ Neck \_\_\_\_\_ Back \_\_\_\_\_ Arm \_\_\_\_\_ Hand \_\_\_\_\_

Finger \_\_\_\_\_ Leg \_\_\_\_\_ Knee \_\_\_\_\_ Ankle \_\_\_\_\_ Foot \_\_\_\_\_

Toe \_\_\_\_\_ Eye \_\_\_\_\_ Face \_\_\_\_\_ Chest \_\_\_\_\_ Wrist \_\_\_\_\_

Other \_\_\_\_\_ Describe \_\_\_\_\_



## SUPERVISOR'S REPORT OF ACCIDENT/ INJURY

## NATURE OF INJURY

Abrasion \_\_\_\_\_ Cut \_\_\_\_\_ Puncture \_\_\_\_\_ Bruise \_\_\_\_\_ Fracture \_\_\_\_\_  
 Strain/Sprain \_\_\_\_\_ Foreign Body \_\_\_\_\_ Poison Oak/Ivy \_\_\_\_\_ Insect Bite \_\_\_\_\_  
 Burn \_\_\_\_\_ Loss of Consciousness \_\_\_\_\_ Other \_\_\_\_\_ Describe \_\_\_\_\_

## LOSS TIME AND RESTRICTED DUTY

Has Injured Returned to Work? No \_\_\_\_\_ Yes \_\_\_\_\_

If Yes, Total Hours Away From Work \_\_\_\_\_

Has Injured Been Placed on Restricted Duty? No \_\_\_\_\_ Yes \_\_\_\_\_

If Yes, How Long \_\_\_\_\_

## SECTION IX

What Was Employee Doing When Accident /Injury Occurred Pulling Engine out of Station to wash it, when the rear Driver Side door came open. The handle came in contact Bay door Track and Broke off.

Explain In Detail How And Why Did This Accident/Injury Occur (unsafe conditions, unsafe acts, etc.) Firefighter Davis pushed the driver side rear door closed but it did not latch. when he pulled the truck forward the door came open and the handle came in contact with the bay door track.

Suggestion(s) To Help Prevent Similar Accident/Injury From Occurring The door handles on the Trucks need to be adjusted to close properly, and make sure the driver operator securely closes the doors on apparatus.

Describe Action Taken, If Any, To Prevent Similar Accident/Injury From Occurring make sure doors are closed securely before moving Truck.

SUPERVISOR'S REPORT OF ACCIDENT/INJURY

Is Any Disciplinary Action Proposed? Yes \_\_\_\_\_ No X If Yes, Explain \_\_\_\_\_

Any Additional Action Necessary? Yes \_\_\_\_\_ No X If Yes, Explain \_\_\_\_\_

Was Accident/Injury Preventable Yes Non-Preventable \_\_\_\_\_ Don't Know \_\_\_\_\_

If Non-Preventable, Explain: Accident was preventable if the door handles were adjusted to latch properly and driver ensured that doors were closed completely.

A PREVENTABLE ACCIDENT/INJURY IS ONE IN WHICH OUR EMPLOYEE FAILED TO DO EVERYTHING WITHIN REASON TO PREVENT IT FROM OCCURRING.

SUPERVISOR CONDUCTING INVESTIGATION: MC # Hanson

Date Signed 9-19-02

I Have Read The above: [Signature]

09/19/02  
SIGNATURE OF AFFECTED EMPLOYEE

Affected Employee's Comments/Suggestions: \_\_\_\_\_

DEPARTMENT HEAD SIGNATURE: [Signature]

DATE: 9-23-02

ROUTING: SEND ORIGINAL TO PERSONNEL FOR FILES. COPY TO CITY MANAGER. REPORT SHOULD BE COMPLETED WITHIN 48 HOURS AFTER ACCIDENT. THIS FORM DOES NOT ELIMINATE THE NEED FOR THE FIRST REPORT OF INJURY PRESENTLY BEING COMPLETED.

RECOMMENDED PENALTY FOR FIRST OFFENSE:

SECOND OFFENSE:

THIRD OFFENSE:

FOURTH OFFENSE:

WRITTEN INSTRUCTION AND CAUTIONING

EIGHT (8) HOURS SUSPENSION

FORTY (40) HOURS SUSPENSION

DISCHARGE

To Whom It May Concern,  
09/19/02

I David P. Davis was acting driver/engineer at station 3. The date was 09/19/02, time was approxiatmaly 1925. I was preparing to pull Engine 4 out of the station to clean the apparatus. I checked all doors and compartments to make sure they were closed. The rear cab door on the driver side was open; I pushed it in and thought it was secured. When exiting the station, the door came open and struck the track for the station doors. I stopped the apparatus and checked the damage to the door. The handle had broken in half. I immediately reported it to my supervisor, Jim Anthony. He contacted Chief Hanson, and I went to Russell County jail took breatherlizer and filled out accident report, both a city accident report and police report.

Firefighter David P. Davis

*[Signature]* 09/19/02

Private Property Accident Form  
Delayed Report ( ) Yes ☒ No

# Phenix City Police Department

Sheet 1 of 2 Sheets  
Case No. 02PL25624

Date of Accident 9/19/02 Time 20:32 Date Reported to Police 9/19/02 Time 20:37

If Delayed Report, why was the accident not immediately reported? \_\_\_\_\_

Location of Accident 510 South Scale Road Fire Station 3

Driver of Veh. 1 David Paul Davis DOB 11/09/74 Sex M Race W  
Address 185 Lee Rd 236 City/State/Zip Phenix City AL 36870  
Phone Number 334291-1927 Drivers License No. & State 5883643 AL  
Vehicle Make E-ONE Model Pumper Year 1987 Body Comm Tag No. Not Required State/Yr. \_\_\_\_\_  
VIN 1F9RBAA87H1037115 Insurance Co. City of Phenix City (Self-Insured)  
Areas Damaged Rear driverside Cab Door (7) Left Scene ( ) Yes ☒ No Contributing Circumstances 98  
Owner of Veh. 1 City of Phenix City DOB \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Driver Drinking Yes ☒ No ☐ Unk. Type of Citations Issued ( ) Yes ☒ No  
Sobriety: Drugs Yes ☒ No ☐ Unk. Test Given Breath Results 0.00% Refused ( ) Yes ☒ No

Driver of Veh. 2 N/A DOB N/A Sex N/A Race N/A  
Address N/A City/State/Zip N/A  
Phone Number N/A Drivers License No. & State N/A  
Vehicle Make N/A Model \_\_\_\_\_ Year \_\_\_\_\_ Body \_\_\_\_\_ Tag No. \_\_\_\_\_ State/Yr. \_\_\_\_\_  
VIN \_\_\_\_\_ Insurance Co. N/A  
Areas Damaged N/A Left Scene ( ) Yes ( ) No Contributing Circumstances N/A  
Owner of Veh. 2 N/A DOB \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Driver Drinking Yes No Unk. Type of Citations Issued ( ) Yes ( ) No  
Sobriety: Drugs Yes No Unk. Test Given \_\_\_\_\_ Results \_\_\_\_\_ % Refused ( ) Yes ( ) No

## FIXED OBJECT or PROPERTY DAMAGE

Object \_\_\_\_\_ Damage \_\_\_\_\_  
Owner \_\_\_\_\_ Address \_\_\_\_\_

Witness \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Witness \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

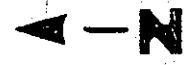
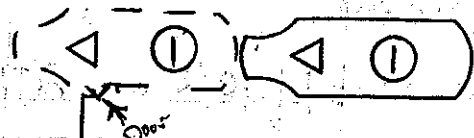
The Data on this report reflects my best knowledge, opinion and belief covering the accident, but no Warrant is made as to the factual accuracy thereof.

Inv. Officer Andrea L. Thumny ID No. 374  
Inv. Officer \_\_\_\_\_ ID No. \_\_\_\_\_

See other side of this form for the diagram, narrative and information.

So Seal Road

Fire Station #3



NARRATIVE & DIAGRAM

St. South

Drawing Not to Scale

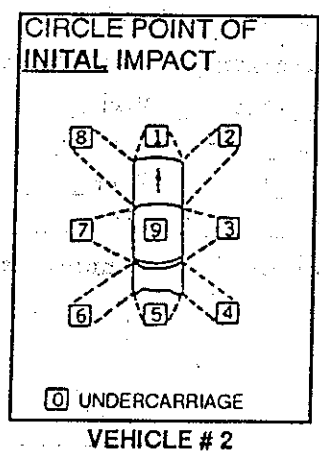
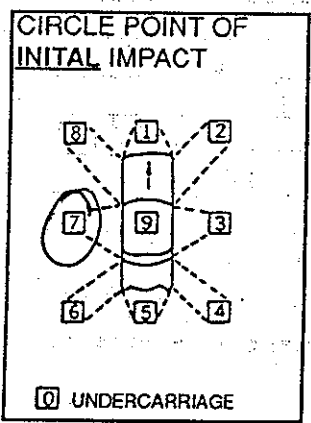
DESCRIBE WHAT HAPPENED (REFER TO VEHICLES BY NUMBER)

The driver of Vehicle #1, David Paul Davis, stated that he was pulling out of the Fire Station #3 Garage when the Driverside Rear Cab door hit the door track of the Garage, causing the left rear door handle to break off of the E-ONE Pomper Fire Truck. Mr. Davis stated that the left rear door was not completely shut when it struck the garage door track. No other vehicle was involved. No Damage was done to the garage door track.

Was Accident Hit and Run? Yes ( ) No ☒

CONTRIBUTING CIRCUMSTANCE (S)

- |                               |                               |
|-------------------------------|-------------------------------|
| 01 Improper Passing           | 19 Improper Load/Size         |
| 02 Improper Lane Change/Usage | 20 Improper Attachment        |
| 03 Improper Turn/U-Turn       | 21 Fail To yield Right of Way |
| 04 Following To Close         | 22 Driver Condition           |
| 05 Misjudge Stopping Dist.    | 23 Wrong Side of Road         |
| 06 Over Speed Limit           | 24 Veh. Pushed/Towed by Veh.  |
| 07 Avoid Object/Person/Veh.   | 25 Veh. Pushed by Person      |
| 08 Unseen Object/Person/Veh.  | 26 Veh. Left Road             |
| 09 Improper Backing           | 27 Driver Not In Control      |
| 10 Inop. Traffic Control      | 28 Load Shift                 |
| 11 Improper/No Signal         | 29 Parts/Cargo From Veh.      |
| 12 Fail. To Heed Sign/Signal  | 30 Ped. Violation             |
| 13 Improper Driving-Environ.  | 31 Veh. Wgt/Hgt/Lngth         |
| 14 Road Defect                | 32 Ped. Under Influence       |
| 15 Vision Obstruction         | 33 Illegal/ Improper Parking  |
| 16 Defective Equipment        | 97 None                       |
| 17 DUI                        | 98 Other                      |
| 18 Under Min. Speed           | 99 Unknown                    |



*A Smith*  
Approving Supervisor

Case #  
02PL 25624

\*\*\*\*\*

RUSSELL CSO  
ALCOTEST 7110 MKIIIC  
SERIAL NO.: ARMM-0566  
DATE : 09/19/2002  
START TIME: 20:22:11  
END TIME : 20:28:40  
\*\*\*\*\*

OPERATOR  
PERMIT NO: 001218  
PERMIT EXPIR: 12/31/2003  
LAST NAME: BUSSEY JR  
FIRST NAME: DANNY  
MIDDLE INIT: L  
ID. NUMBER: C  
AGENCY:

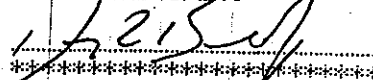
RUSSELL CSO  
\*\*\*\*\*

SUBJECT  
LAST NAME: DAVIS  
FIRST NAME: DAVID  
MIDDLE INIT: P  
DL# OR SS#: 256191294  
REASON FOR TEST:

ACCIDENT  
\*\*\*\*\*  
TST1 BREATH-TEMP: 35.7°C  
BLANK 0.00 20:24:23  
TEST1 IR 0.00 20:25:06  
TEST1 EC 0.00 20:25:06  
BLANK 0.00 20:25:12  
TST2 BREATH-TEMP: 35.7°C  
TEST2 IR 0.00 20:27:17  
TEST2 EC 0.00 20:27:17  
BLANK 0.00 20:27:24  
\*\*\*\*\*

\* RESULT: \*  
\* 0.00 9/2101 \*  
\* \*  
\*\*\*\*\*

SIGNATURE OFFER:

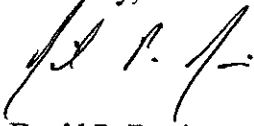
  
\*\*\*\*\*

To: Max Wilkes; Personnel Director

09/22/02

I Davis P. Davis, Firefighter/Paramedic with the Phenix City Fire/Rescue, would like to request an appeal of disciplinary actions taken against me on 09/22/02.

Sincerely,

 09/22/02  
David P. Davis



CITY OF PHENIX CITY  
ACCIDENT REVIEW COMMITTEE

DATE OF REVIEW: 9-17-02 DATE OF INCIDENT/ACCIDENT: 9-1-02  
DEPARTMENT INVOLVED: FIRE TIME OF ACCIDENT: 11:52 pm  
EMPLOYEE INVOLVED: DAVID DAVID SUPERVISOR Robert Schwabe  
EQUIPMENT / PROPERTY DAMAGED: Engine #1 ESTIMATED VALUE: \_\_\_\_\_  
OWNER OF PROPERTY: City ( ☒ ) OTHER \_\_\_\_\_  
SAFETY COORDINATOR NOTIFIED: \_\_\_\_\_ BY: \_\_\_\_\_  
DRUG / ALCOHOL TEST GIVEN AT: 9/1/02 BY: Russell Co.  
COST TO CITY 23:53

1. Lost Work Time (Days and Hours): - 0

2. Medical Cost: - 0-

3. Property Damage: (City) \$ 184.31 (Other) \$ \_\_\_\_\_

WAS EMPLOYEE AT FAULT? Yes

DISCIPLINARY ACTION RECOMMENDED BY SUPERVISOR: None

DISCIPLINARY ACTION RECOMMENDED BY DEPT. HEAD: None

PREVENTION STRATEGIES: Leave apparatus in position when arriving on scene.

OTHER INFORMATION: employee was moving apparatus close to apartment complex hitting concrete damaging Rt side running Board

DEPARTMENT HEAD Larry T. Prater

SAFETY COORDINATOR Larry T. Prater

CITY MANAGER A. H. Wilson

# SUPERVISOR'S REPORT OF ACCIDENT/INJURY CLASSIFICATION OF OCCURRENCE

## SECTION I

Employee Injury None  
 Motor Vehicle/Equipment Accident Fire Engine #1  
 Other \_\_\_\_\_  
 City Vehicle/Equipment # Engine #1  
 Regular Duties: Yes ☒ No \_\_\_\_\_  
 Name of Doctor N/A  
 Name of Hospital N/A  
 Name & Type of Transportation to Doctor or Hospital N/A

## SECTION II

## OCCURRENCE TIME AND LOCATION

Date & Time of Occurrence 9-1-02 1152 AM (PM) Date of this Report 9-1-02  
 Location of Occurrence 1200 12<sup>th</sup> Avenue Apt. 9-C Coweta Apts. Parking lot

## SECTION III

## GENERAL INFORMATION

Employee/Operator David Davis Supervisor in Charge D/E Robert Schweebel  
 Job Title Fire Fighter Time in Present Position 4 yrs  
 Department Fire Division Public Safety  
 Witnesses: \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
 \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

## SECTION IV

## AT TIME OF ACCIDENT/INJURY

## WAS EMPLOYEE

A. Violating a Safety Rule No ☒ Yes \_\_\_\_\_  
 B. Careless in Use of Equip. No ☒ Yes \_\_\_\_\_  
 C. Ignoring Instructions No ☒ Yes \_\_\_\_\_

## WAS EQUIPMENT

A. In Good Working Condition No \_\_\_\_\_ Yes ☒  
 B. Used For Intended Purposes No \_\_\_\_\_ Yes ☒  
 C. Properly Serviced No \_\_\_\_\_ Yes ☒  
 D. Last Time Equipment Inspected 9-1-02

WEATHER CONDITIONS: ☒ Clear \_\_\_\_\_ Cloudy \_\_\_\_\_ Rain \_\_\_\_\_ Snow \_\_\_\_\_ Sleet/Hail \_\_\_\_\_  
 \_\_\_\_\_ Fog \_\_\_\_\_ Other \_\_\_\_\_ Approximate Temperature 78°

## SUPERVISOR'S REPORT OF ACCIDENT/INJURY

## SECTION V

ONLY COMPLETE THIS SECTION IF REPORT PERTAINS TO MOTOR VEHICLE/EQUIPMENT ACCIDENT

Type of Vehicle/Equipment (car, dump truck, backhoe, etc.) PumperDamage Description Rt. side running boardPolice Report: No ☐ Yes ☒ Report # Private property

If "No" Provide: Driver of Other Vehicle \_\_\_\_\_ Owner \_\_\_\_\_

## SECTION VI

ONLY COMPLETE THIS SECTION IF REPORT PERTAINS TO OTHER PROPERTY DAMAGE/LOSS

Description of Damage/Loss N/APolice Report: No ☐ Yes ☐ Report # \_\_\_\_\_

## SECTION VII

Department Head's Estimate of Damage \$ 163.31

## SECTION VIII

ONLY COMPLETE THIS SECTION IF REPORT PERTAINS TO EMPLOYEE INJURY

Action Taken: First Aid Station Only N/A EMS Response \_\_\_\_\_

Required Physician (Attach Doctor's Note) \_\_\_\_\_ Hospitalized \_\_\_\_\_

BODY PART INJURED

Head \_\_\_\_\_ Neck \_\_\_\_\_ Back \_\_\_\_\_ Arm \_\_\_\_\_ Hand \_\_\_\_\_

Finger \_\_\_\_\_ Leg \_\_\_\_\_ Knee \_\_\_\_\_ Ankle \_\_\_\_\_ Foot \_\_\_\_\_

Toe \_\_\_\_\_ Eye \_\_\_\_\_ Face \_\_\_\_\_ Chest \_\_\_\_\_ Wrist \_\_\_\_\_

Other \_\_\_\_\_ Describe \_\_\_\_\_

## SUPERVISOR'S REPORT OF ACCIDENT/ INJURY

## NATURE OF INJURY

Abrasion \_\_\_\_\_ Cut \_\_\_\_\_ Puncture \_\_\_\_\_ Bruise \_\_\_\_\_ Fracture \_\_\_\_\_  
 Strain/Sprain \_\_\_\_\_ Foreign Body \_\_\_\_\_ Poison Oak/Ivy \_\_\_\_\_ Insect Bite \_\_\_\_\_  
 Burn \_\_\_\_\_ Loss of Consciousness \_\_\_\_\_ Other \_\_\_\_\_ Describe \_\_\_\_\_

## LOSS TIME AND RESTRICTED DUTY

Has Injured Returned to Work? No \_\_\_\_\_ Yes N/A  
 If Yes, Total Hours Away From Work \_\_\_\_\_

Has Injured Been Placed on Restricted Duty? No ☒ Yes \_\_\_\_\_  
 If Yes, How Long \_\_\_\_\_

## SECTION IX

What Was Employee Doing When Accident /Injury Occurred Moving the apparatus  
closer to apartment complex.

Explain In Detail How And Why Did This Accident/Injury Occur (unsafe conditions, unsafe acts, etc.) \_\_\_\_\_

No lighting on the property where accident happend.  
A concrete base for a previous light is what was struck,  
which was unseen because of darkness.

Suggestion(s) To Help Prevent Similar Accident/Injury From Occurring Leave apparatus in  
position, when arriving on scene.

Describe Action Taken, If Any, To Prevent Similar Accident/Injury From Occurring Same as above

## SUPERVISOR'S REPORT OF ACCIDENT/INJURY

Is Any Disciplinary Action Proposed? Yes \_\_\_\_\_ No ☒ If Yes, Explain \_\_\_\_\_

Any Additional Action Necessary? Yes \_\_\_\_\_ No ☒ If Yes, Explain \_\_\_\_\_

Was Accident/Injury Preventable ☒ Non-Preventable \_\_\_\_\_ Don't Know \_\_\_\_\_  
If Non-Preventable, Explain: \_\_\_\_\_

A PREVENTABLE ACCIDENT/INJURY IS ONE IN WHICH OUR EMPLOYEE FAILED  
TO DO EVERYTHING WITHIN REASON TO PREVENT IT FROM OCCURRING.

SUPERVISOR CONDUCTING INVESTIGATION: Sgt. Schwaebel

Date Signed 9-1-02

I Have Read The above: [Signature]

SIGNATURE OF AFFECTED EMPLOYEE

Affected Employee's Comments/Suggestions: I apologize for any inconvenience that  
I have caused the Fire Dept and City. I will  
strive to not let something like this happen  
again.

DEPARTMENT HEAD SIGNATURE: [Signature]

DATE: 9-5-02

ROUTING:

SEND ORIGINAL TO PERSONNEL FOR FILES. COPY TO CITY MANAGER. REPORT  
SHOULD BE COMPLETED WITHIN 48 HOURS AFTER ACCIDENT. THIS FORM DOES  
NOT ELIMINATE THE NEED FOR THE FIRST REPORT OF INJURY PRESENTLY BEING  
COMPLETED.

RECOMMENDED PENALTY FOR FIRST OFFENSE:

SECOND OFFENSE:

THIRD OFFENSE:

FOURTH OFFENSE:

WRITTEN INSTRUCTION AND CAUTIONING

EIGHT (8) HOURS SUSPENSION

FORTY (40) HOURS SUSPENSION

DISCHARGE

I David Davis was responding to a medical call at 1200 12<sup>th</sup> Avenue Apt. 9-C. I was acting driver/operator on Engine 1. The date was 09/01/02 and time was 2352. Upon arrival at the scene the crew members retrieved the medical equipment from the apparatus and proceeded to the patient who was inside the dwelling. I was attempting to drive around an island in the parking lot. As I was driving the truck around the island, I heard a scraping noise. I immediately stop the apparatus. I was using my mirrors in the turning process and upon hearing the scraping noise, I put the apparatus in park and pulled the parking brake and walked around the truck to investigate. I could not at first see anything due to the darkness. I grabbed a hand light to see better and found a piece of concrete that use to be a light pole. This piece of concrete was approxiatmaly 10 inches high and 8 inches wide. It had lightly damaged the running board and a ground light. I immediately reported the accident to my supervisor, Rob Schwoebel.

F/F David Davis

*[Signature]* 9/2/02

# Memorandum

To: Chief Hunter  
From: Sgt. Schwoebel  
Date: 9/4/2002  
Re: Price for replacement parts Engine 1

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Listed on this page is the price of repair parts for Engine 1.

Larry Bradley at Sunbelt Fire (18006428484 ext105) is the representative we spoke with.

Aluminum Rub Rail (3" x 8'6") \$85.05 (\$9.45 perfoot)

Truck light (Model 40700) \$25.26

Light bracket \$45.00

Freight cost \$8.00 (UPS) \$29.00 (Truck delivery) Rail maybe too long for UPS to ship

Total cost: \$163.31 (UPS)

\$184.31 (Truck delivery)



Private Property Accident Form  
Delayed Report ( ) Yes (X) No

## Phenix City Police Department

Sheet 1 of 1 Sheets  
Case No. 02PL23924

Date of Accident 09-01-2002 Time 2244 Date Reported to Police 09-01-2002 Time 2250  
If Delayed Report, why was the accident not immediately reported? N/A  
Location of Accident PARKING LOT OF COWETA APARTMENTS 1220 12TH AVENUE

Driver of Veh. 1 DAVID PAUL DAVIS DOB 11-09-1974 Sex M Race W  
Address 185 LEE ROAD 236 City/State/Zip PHENIX CITY ALABAMA 36870  
Phone Number (334) 291-1927 Drivers License No. & State 5883643 ALABAMA  
Vehicle Make FORD Model CUSTOM Year 1994 Body FIRE Tag No. N/A State/Yr. N/A  
VIN 4ENR8AA80R1003809 Insurance Co. CITY OF PHENIX CITY  
Areas Damaged (4) ALUMINUM STEP Left Scene (X) Yes ( ) No Contributing Circumstances 31  
Owner of Veh. 1 CITY OF PHENIX CITY (FIRE DEPT.) DOB N/A Sex N/A Race N/A Phone 448-2800  
Address 1111 BROAD STREET City/State/Zip PHENIX CITY ALABAMA 36867  
Driver Drinking Yes ( ) No (X) Unk. Type of Citations Issued ( ) Yes (X) No  
Sobriety: Drugs Yes ( ) No (X) Unk. Test Given DRAGER Results 100% Refused ( ) Yes (X) No

Driver of Veh. 2 N/A DOB \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Drivers License No. & State \_\_\_\_\_  
Vehicle Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Body \_\_\_\_\_ Tag No. \_\_\_\_\_ State/Yr. \_\_\_\_\_  
VIN \_\_\_\_\_ Insurance Co. \_\_\_\_\_  
Areas Damaged \_\_\_\_\_ Left Scene ( ) Yes ( ) No Contributing Circumstances \_\_\_\_\_  
Owner of Veh. 2 \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Driver Drinking Yes No Unk. Type of Citations Issued ( ) Yes ( ) No  
Sobriety: Drugs Yes No Unk. Test Given \_\_\_\_\_ Results \_\_\_\_\_% Refused ( ) Yes ( ) No

### FIXED OBJECT or PROPERTY DAMAGE

Object N/A Damage \_\_\_\_\_  
Owner \_\_\_\_\_ Address \_\_\_\_\_

Witness N/A DOB \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Witness N/A DOB \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

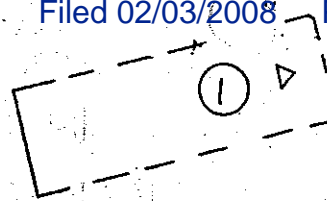
The Data on this report reflects my best knowledge, opinion and belief covering the accident, but no Warrant is made as to the factual accuracy thereof.

Inv. Officer WARREN ROBERT MCLOUGHLIN ID No. #297  
Inv. Officer N/A ID No. \_\_\_\_\_

See other side of this form for the diagram, narrative and information.

NARRATIVE & DIAGRAM

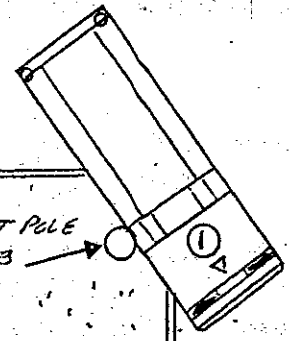
N  
↑



COWETA APARTMENTS DRIVEWAY

GRASS ISLAND

OLD LIGHT POLE STUB



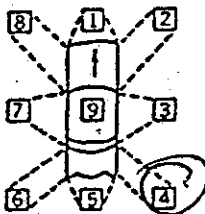
NOT TO SCALE

DESCRIBE WHAT HAPPENED (REFER TO VEHICLES BY NUMBER) DRIVER VEHICLE #1 STATED HE WAS MAKING A RIGHT TURN IN THE PARKING LOT OF COWETA APARTMENTS BY BUILDING NUMBER NINE, WHEN HE IMPACTED AN OLD LIGHT POLE STUB IN THE ISLAND.

Was Accident Hit and Run ? Yes ( ) No (✓)

CONTRIBUTING CIRCUMSTANCE (S)

CIRCLE POINT OF INITIAL IMPACT

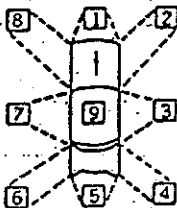


④ UNDERCARRIAGE

VEHICLE #1

CIRCLE POINT OF INITIAL IMPACT

N/A



④ UNDERCARRIAGE

VEHICLE #2

- |                               |                               |
|-------------------------------|-------------------------------|
| 01 Improper Passing           | 19 Improper Load/Size         |
| 02 Improper Lane Change/Usage | 20 Improper Attachment        |
| 03 Improper Turn/U-Turn       | 21 Fail To yield Right of Way |
| 04 Following To Close         | 22 Driver Condition           |
| 05 Misjudge Stopping Dist.    | 23 Wrong Side of Road         |
| 06 Over Speed Limit           | 24 Veh. Pushed/Towed by Veh.  |
| 07 Avoid Object/Person/Veh.   | 25 Veh. Pushed by Person      |
| 08 Unseen Object/Person/Veh.  | 26 Veh. Left Road             |
| 09 Improper Backing           | 27 Driver Not In Control      |
| 10 Inop. Traffic Control      | 28 Load Shift                 |
| 11 Improper/No Signal         | 29 Parts/Cargo From Veh.      |
| 12 Fail. To Heed Sign/Signal  | 30 Ped. Violation             |
| 13 Improper Driving-Environ.  | 31 Veh. Wgt/Hgt/Lngth         |
| 14 Road Defect                | 32 Ped. Under Influence       |
| 15 Vision Obstruction         | 33 Illegal/ Improper Parking  |
| 16 Defective Equipment        | 97 None                       |
| 17 DUI                        | 98 Other                      |
| 18 Under Min. Speed           | 99 Unknown                    |

Approving Supervisor

\*\*\*\*\*  
RUSSELL CSD

ALCOTEST 7110 MKIIC  
SERIAL NO.: ARMA-0566  
DATE: 09/01/2002  
START TIME: 23:53:54  
END TIME: 00:01:38  
\*\*\*\*\*

## OPERATOR

PERMIT NO: D01256  
PERMIT EXPIR: 12/31/2002  
LAST NAME: MCLOUGHLIN  
FIRST NAME: WARREN  
MIDDLE INIT: R  
ID. NUMBER: 297  
AGENCY:

PHENIX CITY PD

\*\*\*\*\*

## SUBJECT

LAST NAME: DAVIS  
FIRST NAME: DAVID  
MIDDLE INIT: P  
DL# OR SS#: 5883643 AL  
REASON FOR TEST:

CITY VEHICLE ACCIDENT

\*\*\*\*\*

TST1 BREATH-TEMP: 36.0°C

BLANK 0.00 23:57:12

TEST1 IR 0.00 23:58:03

TEST1 EC 0.00 23:58:03

BLANK 0.00 23:58:06

TST2 BREATH-TEMP: 36.2°C

TEST2 IR 0.00 00:00:18

TEST2 EC 0.00 00:00:18

BLANK 0.00 00:00:21

\*\*\*\*\*

RESULT:

\* \* \* \* \*

\* 0.00 9/2101

\* \* \* \* \*

\*\*\*\*\*

SIGNATURE OPER:

\*\*\*\*\*

\*\*\*\*\*

# Memo

**To:** Chief Prater  
**From:** Deputy Chief Hunter  
**Subject:** Consultation of Fire Fighter David Davis  
**Date:** July 19, 2002  
**CC:** Max Wilkes, Barbara Godwin

Attached you will find a memo from Chief Hanson concerning a meeting held about the behavior of Fire Fighter David Davis. In attendance at this meeting was Chief Hanson, Captain Sumbry, Fire Fighter Davis, and I. It was brought to my attention that Fire Fighter Davis had made dreadful remarks about Chief Hanson, Captain Hutchinson and I after a locker inspection. Fire Fighter Davis stated "if the two were involved in an accident and killed, it would not bother me." He also refereed to me as Chief Osama Bin-Hunter. I asked Chief Hanson to investigate because of the severity of the remarks over a simple locker inspection. When asked about this situation, Fire Fighter Davis admitted making these statements, but used the excuse that when angered he makes statements like these. Chief Hanson spoke with Fire Fighter Davis about these remarks and offered assistance from the Pastoral Institute to help control his anger.

My concern is that Captain Sumbry has continuously consulted Fire Fighter Davis on his use of harsh profanity around the station and in public as well as his impolite behaviors around others. I suggested to Chief Hanson and Captain Sumbry to monitor Fire Fighter Davis' behavior so that we can help him in the best way that we can.

## MEMO

TO: Deputy Chief W. Hunter

FROM: Asst. Chief M. Hanson

DATE: July 15, 2002

RE: Meeting with Captain Sumbry and Fire Fighter David Davis

The following personnel were in attendance at a meeting held at Fire Station #3 on July 9, 2002 at approx. 1300 hours: Deputy Chief Wallace Hunter, Assistant Chief Mike Hanson, Captain Leo Sumbry, and Fire Fighter David Davis.

The issue of concern was the statement that F/F D. Davis expressed on the afternoon of June 24, 2002 while standing in the dayroom, looking out a window at Fire Station #3. This statement was made following a locker and turnout inspection and sleeping quarter assignments of all the shift personnel, which was being performed by D/C Hunter, A/C Hanson, and Capt. Hutchinson. The assignment of sleeping quarters were being done to form some continuity when personnel swap stations, thus being kept accountable for the dorm locker, the locker key, and its sleeping area.

According to F/F D. Davis, as he was looking out the window at Fire Station #3 he stated, "if the two of them were involved in an accident and killed, it would not bother me."

This statement was made after the departure of the inspecting officers. When asked for the reason that he felt the need to speak this harshly toward anyone, he stated, "he was upset about having to perform the inspections during the lunch hour (12 noon), and being made to move from the dorm room he had occupied since being transferred to that station to another less desirable dorm room."

Fire Fighter D. Davis stated that although he had made the statement about an accident, he did not really mean it. He understood that it was wrong of him to say it, to think in that manner, and to leverage his self-anger towards other members of the fire department.

During the discussion, it was identified that F/F D. Davis was being feed "demeaning statements" by other members of the department that was directed toward F/ F Davis from D/C Hunter. Fire Fighter D. Davis never asked D/C Hunter to make sure the statements were true. D/C Hunter told F/F D. Davis that he needed to bring these individuals to him

F/F D. Davis was advised that if he needed Anger Management counseling to assist him with controlling his anger and aggression, the city still offered assistance through the EAP at the Pastoral Institute in Columbus, Ga.



CITY OF PHENIX CITY  
ACCIDENT REVIEW COMMITTEE

DATE OF REVIEW: 3-29-02 DATE OF INCIDENT/ACCIDENT: 3-26-02

DEPARTMENT INVOLVED: FIRE TIME OF ACCIDENT: 1400 hrs

EMPLOYEE INVOLVED: David Davis SUPERVISOR D/E Bobby Brooks

EQUIPMENT / PROPERTY DAMAGED: N/A ESTIMATED VALUE: —

OWNER OF PROPERTY: City (        OTHER        )

SAFETY COORDINATOR NOTIFIED: No BY:       

DRUG / ALCOHOL TEST GIVEN AT: No BY:       

COST TO CITY

1. Lost Work Time (Days and Hours): -0-

2. Medical Cost: -0-

3. Property Damage: (City) \$ -0- (Other) \$ -0-

WAS EMPLOYEE AT FAULT? No

DISCIPLINARY ACTION RECOMMENDED BY SUPERVISOR: None

DISCIPLINARY ACTION RECOMMENDED BY DEPT. HEAD: None

PREVENTION STRATEGIES:

OTHER INFORMATION:

FF D. Davis stated that Capt. Baskin checked with him via telephone the following day to make sure pain in shoulder had not worsened.

Ne M. Hansen did a follow-up with FF D. Davis on the 29<sup>th</sup> of March upon finding out about accident report. FF Davis stated that he is doing Fine, still a little sore, but nothing prevent him from working.

DEPARTMENT HEAD [Signature]

SAFETY COORDINATOR [Signature]

CITY MANAGER [Signature]

## ALL INJURIES MUST BE REPORTED WITHIN 24 HOURS AFTER ACCIDENT

## ACCIDENT WITH PERSONAL INJURY

DATE OF INJURY: March 26, 2002TIME: 14:00NAME OF EMPLOYEE: David DavisDEPARTMENT: FireADDRESS OF ACCIDENT: 15th Ave 314th St

CITY PROPERTY YES ( ) NO ( )

HOW INJURY OCCURRED AND EXTENT OF INJURY: FLF Davis was turning on a fire hydrant and his right shoulder popped and it felt like something was rubbing together in his right shoulder. He complained of pain to his right shoulder.PART OF BODY INJURED: Right shoulderWAS FIRST AID ADMINISTERED? NO IF SO, ADMINISTERED BY: \_\_\_\_\_

WAS PROFESSIONAL MEDICAL ATTENTION NECESSARY? \_\_\_\_\_ YES ( ) NO (x)

IF SO, NAME OF PHYSICIAN: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

HAS INJURED RETURNED TO WORK? \_\_\_\_\_ YES (x) NO ( )

IF SO, SPECIFY TYPE OF DUTY: \_\_\_\_\_ REGULAR DUTY (x) LIGHT DUTY ( )

IF EMPLOYEE HAS RETURNED TO WORK, DATE OF RETURN: \_\_\_\_\_

WAS EMPLOYEE PAID FOR FULL DAY OF INJURY? yes

IF EMPLOYEE HAS NOT RETURNED TO WORK, STATE PROBABLE LENGTH OF DISABILITY: \_\_\_\_\_

PROFESSIONAL MEDICAL ATTENTION WAS NECESSARY BY HOSPITAL, WAS EMPLOYEE:

HOSPITALIZED ( ) TREATED AS OUT PATIENT ( ) TREATED AS EMERGENCY TREATMENT ( )

EMPLOYEE'S OCCUPATION WHEN INJURED: Fire Fighter BI-WEEKLY WAGE: \$4100 grossEMPLOYEE'S HOME ADDRESS: 185 Lee Rd 236 Phenix City, AL 36870TELEPHONE NUMBER: 834 291-1927 SEX: M AGE: 27 SS# 256-19-1294

MARITAL STATUS: \_\_\_\_\_ MARRIED ( ) SINGLE (x) SEPARATED ( ) DIVORCED ( ) WIDOWED ( )

NUMBER OF CHILDREN UNDER AGE 18: 0 NUMBER OF DEPENDENTS: 0LENGTH OF EMPLOYMENT WITH THE CITY? 3 1/2 years LENGTH OF TIME IN PRESENT JOB? 3 1/2 yearsON THIS 26 DAY OF March 2002, WE INDIVIDUALLY CERTIFY THE ABOVE INFORMATION TO BE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE.

EMPLOYEE

DIVISION HEAD

Sgt. B. Brooks  
SUPERVISOR

DEPARTMENT HEAD

DO NOT WRITE BELOW THIS SPACE

DATE RECEIVED \_\_\_\_\_ TIME \_\_\_\_\_

H.R. \_\_\_\_\_ BC/BS \_\_\_\_\_ ACCOUNTING \_\_\_\_\_

DATE FILED

HUMAN RESOURCES DIRECTOR



# SUPERVISOR'S REPORT OF ACCIDENT/INJURY CLASSIFICATION OF OCCURRENCE

## SECTION I

Employee Injury Pain in right shoulder  
 Motor Vehicle/Equipment Accident \_\_\_\_\_  
 Other FLF Davis was turning on a fire hydrant.  
 City Vehicle/Equipment # \_\_\_\_\_  
 Regular Duties: Yes ☒ No \_\_\_\_\_  
 Name of Doctor \_\_\_\_\_  
 Name of Hospital \_\_\_\_\_  
 Name & Type of Transportation to Doctor or Hospital \_\_\_\_\_

## SECTION II

## OCCURRENCE TIME AND LOCATION

Date & Time of Occurrence 14:00 AM/PM (PM) Date of this Report March 26, 2002  
 Location of Occurrence 15th Ave & 14th Ct.

## SECTION III

## GENERAL INFORMATION

Employee/Operator David Davis Supervisor in Charge Sgt. Bobby Brooks  
 Job Title Fire Fighter Time in Present Position 3 1/2 years  
 Department Fire Division \_\_\_\_\_  
 Witnesses: \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
 \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

## SECTION IV

## AT TIME OF ACCIDENT/INJURY

## WAS EMPLOYEE

A. Violating a Safety Rule No ☒ Yes \_\_\_\_\_  
 B. Careless in Use of Equip. No ☒ Yes \_\_\_\_\_  
 C. Ignoring Instructions No ☒ Yes \_\_\_\_\_

## WAS EQUIPMENT

A. In Good Working Condition No \_\_\_\_\_ Yes ☒  
 B. Used For Intended Purposes No \_\_\_\_\_ Yes ☒  
 C. Properly Serviced No \_\_\_\_\_ Yes ☒  
 D. Last Time Equipment Inspected \_\_\_\_\_

WEATHER CONDITIONS: \_\_\_\_\_ Clear ☒ Cloudy \_\_\_\_\_ Rain \_\_\_\_\_ Snow \_\_\_\_\_ Sleet/Hail \_\_\_\_\_  
 \_\_\_\_\_ Fog \_\_\_\_\_ Other \_\_\_\_\_ Approximate Temperature 75°

## SUPERVISOR'S REPORT OF ACCIDENT/INJURY

## SECTION V

ONLY COMPLETE THIS SECTION IF REPORT PERTAINS TO MOTOR  
VEHICLE/EQUIPMENT ACCIDENT

Type of Vehicle/Equipment (car, dump truck, backhoe, etc.) \_\_\_\_\_

Damage Description \_\_\_\_\_

Police Report: No \_\_\_\_\_ Yes \_\_\_\_\_ Report # \_\_\_\_\_

If "No" Provide: Driver of Other Vehicle \_\_\_\_\_ Owner \_\_\_\_\_

## SECTION VI

ONLY COMPLETE THIS SECTION IF REPORT PERTAINS TO OTHER  
PROPERTY DAMAGE/LOSS

Description of Damage/Loss \_\_\_\_\_

Police Report: No \_\_\_\_\_ Yes \_\_\_\_\_ Report # \_\_\_\_\_

## SECTION VII

Department Head's Estimate of Damage \$ \_\_\_\_\_

## SECTION VIII

ONLY COMPLETE THIS SECTION IF REPORT PERTAINS TO EMPLOYEE  
INJURYAction Taken: First Aid Station Only N/A EMS Response N/ARequired Physician (Attach Doctor's Note) N/A Hospitalized N/ABODY PART INJURED

Head \_\_\_\_\_ Neck \_\_\_\_\_ Back \_\_\_\_\_ Arm \_\_\_\_\_ Hand \_\_\_\_\_

Finger \_\_\_\_\_ Leg \_\_\_\_\_ Knee \_\_\_\_\_ Ankle \_\_\_\_\_ Foot \_\_\_\_\_

Toe \_\_\_\_\_ Eye \_\_\_\_\_ Face \_\_\_\_\_ Chest \_\_\_\_\_ Wrist \_\_\_\_\_

Other ☒ Describe Right Shoulder

## SUPERVISOR'S REPORT OF ACCIDENT/ INJURY

## NATURE OF INJURY

Abrasion \_\_\_\_\_ Cut \_\_\_\_\_ Puncture \_\_\_\_\_ Bruise \_\_\_\_\_ Fracture \_\_\_\_\_  
 Strain/Sprain \_\_\_\_\_ Foreign Body \_\_\_\_\_ Poison Oak/Ivy \_\_\_\_\_ Insect Bite \_\_\_\_\_  
 Burn \_\_\_\_\_ Loss of Consciousness \_\_\_\_\_ Other ☒ Describe Pain to the  
right Shoulder.

## LOSS TIME AND RESTRICTED DUTY

Has Injured Returned to Work? No \_\_\_\_\_ Yes ☒

If Yes, Total Hours Away From Work \_\_\_\_\_

Has Injured Been Placed on Restricted Duty? No ☒ Yes \_\_\_\_\_

If Yes, How Long \_\_\_\_\_

## SECTION IX

What Was Employee Doing When Accident /Injury Occurred FLF Davis was turning  
on a fire hydrant.

Explain In Detail How And Why Did This Accident/Injury Occur (unsafe conditions, unsafe acts, etc.)  
FLF Davis Placed a hydrant Wrench on the fire hydrant  
to turn it on. While turning the hydrant on, he  
hurt his right Shoulder.

Suggestion(s) To Help Prevent Similar Accident/Injury From Occurring \_\_\_\_\_

Describe Action Taken, If Any, To Prevent Similar Accident/Injury From Occurring \_\_\_\_\_

SUPERVISOR'S REPORT OF ACCIDENT/INJURY

Is Any Disciplinary Action Proposed? Yes \_\_\_\_\_ No ☒ If Yes, Explain \_\_\_\_\_

Any Additional Action Necessary? Yes \_\_\_\_\_ No ☒ If Yes, Explain \_\_\_\_\_

Was Accident/Injury Preventable \_\_\_\_\_ Non-Preventable \_\_\_\_\_ Don't Know ☒

If Non-Preventable, Explain: \_\_\_\_\_

A PREVENTABLE ACCIDENT/INJURY IS ONE IN WHICH OUR EMPLOYEE FAILED  
TO DO EVERYTHING WITHIN REASON TO PREVENT IT FROM OCCURRING.

SUPERVISOR CONDUCTING INVESTIGATION: Sgt. B. Brooks

Date Signed 3-26-02

I Have Read The above: [Signature]

SIGNATURE OF AFFECTED EMPLOYEE

Affected Employee's Comments/Suggestions: \_\_\_\_\_

DEPARTMENT HEAD SIGNATURE: [Signature] DATE: 3-28-02

ROUTING: SEND ORIGINAL TO PERSONNEL FOR FILES. COPY TO CITY MANAGER. REPORT  
SHOULD BE COMPLETED WITHIN 48 HOURS AFTER ACCIDENT. THIS FORM DOES  
NOT ELIMINATE THE NEED FOR THE FIRST REPORT OF INJURY PRESENTLY BEING  
COMPLETED.

RECOMMENDED PENALTY FOR FIRST OFFENSE:	WRITTEN INSTRUCTION AND CAUTIONING
SECOND OFFENSE:	EIGHT (8) HOURS SUSPENSION
THIRD OFFENSE:	FORTY (40) HOURS SUSPENSION
FOURTH OFFENSE:	DISCHARGE

# MEMO

**TO:** Chief Prater

**FROM:** Captain Gaskin *RG*

**DATE:** March 26, 2002

**RE:** Accident/Injury Report for Firefighter Davis

I am sending this to inform you of this situation and the circumstances. I received a phone call from the Acting Captain at Station 4 at or near 1900 hours. He informed me that while they were out checking hydrants, Firefighter Davis experienced a "popping sensation" while turning a hydrant. He did not feel that the injury was that and continued to perform his duties. He felt that he could work out the slight soreness that he was experiencing. At or near 1830, he asked Sergeant Brooks to fill out the paperwork as a precaution. I picked up the report at 1800 hours. Firefighter Davis is a hard working employee, and in great physical shape. He firmly believes that there is only some soreness, possibly a pinched nerve and that his shoulder will heal by next shift.

## Evaluations

\_\_\_\_\_ 3 month

\_\_\_\_\_ 6 month

\_\_\_\_\_ 9 month

\_\_\_\_\_ Annual

\_\_\_\_\_ Pay Change Form

**CITY OF PHENIX CITY  
PAY CHANGE FORM**

DATE 9/24/2005 EMPLOYEE NUMBER 1299 DEPARTMENT Fire  
NAME Davis, David Paul DIVISION N/A  
DATE OF EMPLOYMENT 4/27/1998 POSITION Driver/Engineer  
EFFECTIVE DATE OF PAY CHANGE 9/24/2005 F.L.S.A. EXEMPT NON-EXEMPT X

FROM	GRADE <u>PS2</u> STEP <u>4</u>		TO	GRADE <u>PS2</u> STEP <u>4</u>	
	Hours per pay: <u>106</u>	<b>BASE PAY</b>		Hours per pay: <u>106</u>	
	<u>11.6099</u>	HOURLY		<u>11.9001</u>	<u>17.8502</u>
	<u>1,230.65</u>	BI-WEEKLY		<u>1,261.41</u>	
	<u>31,996.90</u>	ANNUALLY		<u>32,796.66</u>	

\*\*\*THIS SECTION TO BE COMPLETED IN ADDITION TO THE ABOVE, ONLY IF EMT PAY IS INVOLVED

<u>1,230.65</u>	BASE PAY	<u>1,261.41</u>
<u>60.00</u>	E. M. T. PAY	<u>60.00</u>
<u>1,290.65</u>	TOTAL BI-WEEKLY	<u>1,321.41</u>
<u>33,556.90</u>	ANNUALLY	<u>34,356.66</u>
<u>11.6099</u>	HOURLY	<u>11.9001</u>

<b>TYPE PAY CHANGE</b>	
POSITION RE-ALLOCATION: FROM _____	TO _____
EMT PAY _____	OTHER (SPECIFY) <u>2.5% cost of living</u>

Wallace B. Hunt  
EMPLOYEE

DEPARTMENT HEAD

Barbara Goodwin  
CITY MANAGER

Barbara Goodwin  
PERSONNEL DIRECTOR

<b>FROM</b>	GRADE <u>PS2</u> STEP <u>6</u>		<b>TO</b>	GRADE <u>PS2</u> STEP <u>4</u>	
	Hours per pay: 106	<b>BASE PAY</b>		Hours per pay: 106	
	<u>11.1628</u>	HOURLY		<u>11.6099</u>	17.4149
	<u>1,183.26</u>	BI-WEEKLY		<u>1,230.65</u>	
	<u>30,764.76</u>	ANNUALLY		31,996.90	

<u>1,183.26</u>	BASE PAY	<u>1,230.65</u>
<u>60.00</u>	E. M. T. PAY	<u>60.00</u>
<u>1,243.26</u>	TOTAL BI-WEEKLY	<u>1,290.65</u>
<u>32,324.76</u>	ANNUALLY	<u>33,556.90</u>
<u>11.1628</u>	HOURLY	<u>11.6099</u>

POSITION RE-ALLOCATION: FROM \_\_\_\_\_ TO \_\_\_\_\_

EMT PAY \_\_\_\_\_ OTHER (SPECIFY) \_\_\_\_\_ Implementation of New Pay Scale

~~DEPARTMENT HEAD~~

PERSONNEL DIRECTOR



The City of Phenix City  
Performance Appraisal  
(Confidential)

Name <u>David Davis</u>	Department <u>Fire</u>
Social Security # <u>256-19-1294</u>	Division _____
Job Title <u>Driver/Engineer</u>	Hire Date <u>4/27/98</u>
Evaluator <u>M. Hutchinson</u>	Evaluation Year <u>2003/2004</u>

Rate each factor based on performance actually demonstrated throughout the evaluation year. Include supporting comments to explain ratings.

Job Knowledge: Technical knowledge required to perform the job; skill in using established techniques, procedures, materials and equipment; ability to perform assigned tasks.

Unsatisfactory	Marginal	Competent	Commendable	Exceptional
_____	_____	_____	_____✓_____	_____

Supporting comments: Sgt. DAVIS IS VERY KNOWLEDGEABLE ABOUT HIS JOB AND HIS EQUIPMENT. He can become familiar of the situation in a very limited time frame, he ~~can~~ is always seeking ways to further his job knowledge.

Quality of Work: "How good" is the work produced? Consider quality, accuracy, neatness, thoroughness and adherence to standards. Also consider departmental and/or organizational standards of performance for professional and supervisory personnel.

Unsatisfactory	Marginal	Competant	Commendable	Exceptional
_____	_____	_____	_____✓_____	_____

Supporting comments: Sgt. DAVIS IS VERY THOROUGH ON EVERY ASSIGNMENT THAT IS GIVEN TO HIM. HE TAKES PRIDE IN HOW WELL HE DOES HIS JOB

Quantity of Work: To what degree does the employee produce the volume of work or results which can be reasonably expected?

Unsatisfactory	Marginal	Competant	Commendable	Exceptional
_____	_____	_____	_____✓_____	_____

Supporting comments: Sgt. DAVIS WORK PRODUCTION IS GOOD AND CONSISTANT.  
He does not need to be told when the job needs to get done. He  
strives to make the job easier and simpler.

Independence: Follow through on assignments; promptness in completing tasks. Consider amount of supervision required; decisiveness, follow through, stability.

Unsatisfactory	Marginal	Competent	Commendable	Exceptional
_____	_____	_____	_____✓_____	_____

Supporting comments: Sgt. DAVIS COMPLETES ALL ASSIGNMENT IN A  
TIMELY MANNER WITH VERY LITTLE SUPERVISION.

Conduct: Compliance with established work rules and organizational policies and procedures as stated in Merit System:

Unsatisfactory	Marginal	Competent	Commendable	Exceptional
_____	_____	_____✓_____	_____	_____

Supporting comments: Sgt. Davis could fall between the Marginal & Competent  
range. There are times that David can be very negative toward the dept.  
and its policies. As a leader of the engine company / Acting Co he will  
be looked at to make decisions and support the administration decisions/policies.  
 Attendance: Extent to which employee can be counted on to be on the job.

Unsatisfactory	Marginal	Competent	Commendable	Exceptional
_____	_____	_____	_____	_____✓_____

Supporting comments: Sgt. DAVIS REPORTS TO WORK 30 TO 45 MINUTES EARLY  
AND HAS NOT USED ANY SICK LEAVE. He is usually placed in  
the position at the end of the fiscal year that has extra vacation  
time to be taken.

Interpersonal Relations: Ability to work well with others; helpfulness to public and coworkers; relates well to superiors. Consider confrontations; effectiveness in interacting with others in an appropriate manner and human relations factors in actions.

Unsatisfactory	Marginal	Competent	Commendable	Exceptional
_____	_____✓_____	_____	_____	_____

Supporting comments: NEEDS TO WORK MORE ON HIS INTERACTION WITH  
CO-WORKERS IN AN APPROPRIATE MANNER. He has the ability to  
help others with the knowledge and experience.

## Overall Evaluation of Performance

Unsatisfactory

Marginal

Competent

Commendable

Exceptional

Make additional comments to explain the employee's overall merit evaluation. Any unusual circumstances which may have affected the employee's performance should be noted here (evaluating department head/supervisor may use this space to make additional comments.)

I have seen some great improvements with Sgt. Davis since he was a probationary firefighter. He is more receptive of constructive criticism and ways to improve himself. He is very passionate about the fire service and has a great amount of knowledge and drive to be the best in his profession.

Employee Weak Points: VERBAL EXPRESSION AND LANGUAGE. Sgt. P. Davis has a tendency to overstep his job duties/responsibilities as a Driver Engineer.

Recommendations for Improvement: USE THE SAME COMMUNICATION SKILLS THAT HE USES WHEN IN CONTACT WITH THE PUBLIC AROUND HIS CO WORKERS.

Employee Strengths: VERY KNOWLEDGEABLE, DEPENDABLE, PHYSICALLY FIT. SGT. DAVIS SPENDS A LOT OF TIME STUDYING

Acquired skills not being utilized in present position: PARAMEDIC SKILLS, Haz Mat Tech skills

Training/certifications completed during review period: NO SPECIALIZED TRAINING OR CERTIFICATIONS. SGT. DAVIS HAS BEEN WORKING ON HIS B.S. IN FIRE SCIENCE FOR THE LAST YEAR.

Recommendations for further training and development: OFFICER DEVELOPMENT CLASSES. SGT DAVIS HAS A LOT OF LEADERSHIP ABILITY

Comments of individual rated:

Henry T. Porter  
Department Head  
Barbara Gooden 4-2-04  
Personnel Director  
Max Wiele 6-3-04  
City Manager

I have discussed this evaluation with employee:

M. [Signature] 3/6/04  
Evaluator Date  
[Signature] 03/05/2004  
Employee Date

**CITY OF PHENIX CITY  
PAY CHANGE FORM**

EMPLOYEE  
DATE 9/1/03 NUMBER 1299 DEPARTMENT Fire  
NAME Davis, David Paul DIVISION N/A  
DATE OF EMPLOYMENT 4/27/98 POSITION Driver/Engineer  
EFFECTIVE DATE OF PAY CHANGE 9/13/03 F.L.S.A. EXEMPT NON-EXEMPT X  
9/27/03 BTB

FROM	GRADE <u>PS2</u> STEP <u>5</u>		TO	GRADE <u>PS2</u> STEP <u>6</u>	
	Hours per pay: 106	<b>BASE PAY</b>		Hours per pay: 106	
	<u>10.8440</u>	HOURLY		<u>11.1628</u>	16.7442
	<u>1,149.46</u>	BI-WEEKLY		<u>1,183.26</u>	
	<u>29,885.96</u>	ANNUALLY		<u>30,764.76</u>	

\*\*\*THIS SECTION TO BE COMPLETED IN ADDITION TO THE ABOVE, ONLY IF EMT PAY IS INVOLVED

<u>1,149.46</u>	BASE PAY	<u>1,183.26</u>
<u>60.00</u>	E. M. T. PAY	<u>60.00</u>
<u>1,209.46</u>	TOTAL BI-WEEKLY	<u>1,243.26</u>
<u>31,445.96</u>	ANNUALLY	<u>32,324.76</u>
<u>10.8440</u>	HOURLY	<u>11.1628</u>

**TYPE PAY CHANGE**

POSITION RE-ALLOCATION: FROM \_\_\_\_\_ TO \_\_\_\_\_  
EMT PAY \_\_\_\_\_ OTHER (SPECIFY) \_\_\_\_\_ Step Increase \_\_\_\_\_

10/1/03  
EMPLOYEE

Larry T. Punter  
DEPARTMENT HEAD

Mac Wible  
CITY MANAGER

Barbara Goodwin  
PERSONNEL DIRECTOR

**CITY OF PHENIX CITY  
PAY CHANGE FORM**

DATE 4/30/03 EMPLOYEE NUMBER 1299 DEPARTMENT Fire  
NAME Davis, David Paul DIVISION N/A  
DATE OF EMPLOYMENT 4/27/98 POSITION Firefighter  
EFFECTIVE DATE OF PAY CHANGE 5/10/03 F.L.S.A. EXEMPT NON-EXEMPT X

<b>FROM</b>	GRADE <u>PS1</u> STEP <u>7</u>		<b>TO</b>	GRADE <u>PS2</u> STEP <u>5</u>	
	Hours per pay: <u>106</u>	<b>BASE PAY</b>		Hours per pay: <u>106</u>	
	<u>10.1508</u>	HOURLY		<u>10.8440</u>	<u>16.266</u>
	<u>1,075.98</u>	BI-WEEKLY		<u>1,149.46</u>	
	<u>27,975.48</u>	ANNUALLY		<u>29,885.96</u>	

\*\*\*THIS SECTION TO BE COMPLETED IN ADDITION TO THE ABOVE, ONLY IF EMT PAY IS INVOLVED

<u>1,075.98</u>	BASE PAY	<u>1,149.46</u>
<u>60.00</u>	E. M. T. PAY	<u>60.00</u>
<u>1,135.98</u>	TOTAL BI-WEEKLY	<u>1,209.46</u>
<u>29,535.48</u>	ANNUALLY	<u>31,445.96</u>
<u>10.1508</u>	HOURLY	<u>10.8440</u>

**TYPE PAY CHANGE**

POSITION RE-ALLOCATION: FROM Firefighter TO Driver/Engineer  
EMT PAY OTHER (SPECIFY)

[Signature]  
EMPLOYEE

[Signature]  
DEPARTMENT HEAD

[Signature]  
CITY MANAGER

[Signature]  
PERSONNEL DIRECTOR

<b>FROM</b>	GRADE <u>PS1</u> STEP <u>6</u>		<b>TO</b>	GRADE <u>PS1</u> STEP <u>7</u>	
	Hours per pay: 106	<b>BASE PAY</b>		Hours per pay: 106	
	<u>9.8688</u>	HOURLY		<u>10.1508</u>	15.2262
	<u>1,046.09</u>	BI-WEEKLY		<u>1,075.98</u>	
	<u>27,198.34</u>	ANNUALLY		<u>27,975.48</u>	

<u>1,046.09</u>	BASE PAY	<u>1,075.98</u>
<u>60.00</u>	E. M. T. PAY	<u>60.00</u>
<u>1,106.09</u>	TOTAL BI-WEEKLY	<u>1,135.98</u>
<u>28,758.34</u>	ANNUALLY	<u>29,535.48</u>
9.8688	HOURLY	10.1508

POSITION RE-ALLOCATION: FROM \_\_\_\_\_ TO \_\_\_\_\_

EMT PAY \_\_\_\_\_ OTHER (SPECIFY) \_\_\_\_\_ Step Increase \_\_\_\_\_

PERSONNEL DIRECTOR

**CITY OF PHENIX CITY  
PAY CHANGE FORM**

DATE 9/14/01 EMPLOYEE NUMBER 1299 DEPARTMENT Fire  
NAME Davis, David Paul DIVISION N/A  
DATE OF EMPLOYMENT 4/27/98 POSITION Firefighter  
EFFECTIVE DATE OF PAY CHANGE 9/15/01 F.L.S.A. EXEMPT NON-EXEMPT X

FROM	GRADE <u>PS1</u> STEP <u>5</u>		TO	GRADE <u>PS1</u> STEP <u>6</u>	
	Hours per pay: <u>106</u>	<b>BASE PAY</b>		Hours per pay: <u>106</u>	
	<u>9.5868</u>	HOURLY		<u>9.8688</u>	<u>14.8032</u>
	<u>1,016.20</u>	BI-WEEKLY		<u>1,046.09</u>	
	<u>26,421.20</u>	ANNUALLY		<u>27,198.34</u>	

810104

\*\*\*THIS SECTION TO BE COMPLETED IN ADDITION TO THE ABOVE, ONLY IF EMT PAY IS INVOLVED

<u>1,016.20</u>	BASE PAY	<u>1,046.09</u>
<u>10.00</u>	E. M. T. PAY	<u>60.00</u>
<u>1,026.20</u>	TOTAL BI-WEEKLY	<u>1,106.09</u>
<u>26,681.20</u>	ANNUALLY	<u>28,758.34</u>
<u>9.5868</u>	HOURLY	<u>9.8688</u>

**TYPE PAY CHANGE**

POSITION RE-ALLOCATION: FROM \_\_\_\_\_ TO \_\_\_\_\_  
EMT PAY \_\_\_\_\_ OTHER (SPECIFY) \_\_\_\_\_ Step Increase \_\_\_\_\_

EMPLOYEE

CITY MANAGER

DEPARTMENT HEAD

HUMAN RESOURCES DIRECTOR





# **CITY OF PHENIX CITY PAY CHANGE FORM**

DATE 9/1/2000 EMPLOYEE NUMBER 1299 DEPARTMENT Fire  
 NAME DAVID P. DAVIS DIVISION \_\_\_\_\_  
 DATE OF EMPLOYMENT 4/27/1998 POSITION FIREFIGHTER  
 EFFECTIVE DATE OF PAY CHANGE 9/16/2000 F.L.S.A. EXEMPT \_\_\_\_\_ NON-EXEMPT X

FROM	GRADE <u>PS-1</u> STEP <u>3</u>	TO	GRADE <u>PS-1</u> STEP <u>5</u>
<b>BASE PAY</b>			
	<u>9.0229</u>	HOURLY	<u>9.5868</u>
	<u>956.43</u>	BI-WEEKLY	<u>1,016.20</u>
	<u>24,867.18</u>	ANNUALLY	<u>26,421.20</u>
			<u>8101</u>

\*\*\*THIS SECTION TO BE COMPLETED IN ADDITION TO THE ABOVE, ONLY IF EMT PAY IS INVOLVED

<u>956.43</u>	BASE PAY	<u>1,016.20</u>
<u>10.00</u>	E. M. T. PAY	<u>10.00</u>
<u>966.43</u>	TOTAL PAY	<u>1,026.20</u>
<u>25,127.18</u>	ANNUALLY	<u>26,681.20</u>
<u>9.0229</u>	HOURLY	<u>9.5868</u>

TYPE PAY CHANGE	
POSITION RE-ALLOCATION: FROM _____	TO _____
EMT PAY _____	OTHER (SPECIFY) <u>ANNUAL MERIT INCREASE &amp; IMPLEMENTATION OF NEW PAY PLAN</u>

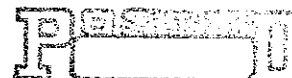
EMPLOYEE

CITY MANAGER

DEPARTMENT HEAD

HUMAN RESOURCES DIRECTOR

PUBLIC SAFETY DIRECTOR



FORM 106 HR



# CITY OF PHENIX CITY PAY CHANGE FORM

DATE 7/1/2000 EMPLOYEE NUMBER 1299 DEPARTMENT PUBLIC SAFETY  
 NAME DAVID P. DAVIS DIVISION FIRE  
 DATE OF EMPLOYMENT 4/27/1998 POSITION FIREFIGHTER  
 EFFECTIVE DATE OF PAY CHANGE 6/24/2000 F.L.S.A. EXEMPT NON-EXEMPT X

FROM GRADE <u>8FP</u> STEP <u>2</u> <div style="text-align: center; margin-top: 10px;"> <b>BASE PAY</b>  <u>8.2234</u> HOURLY  <u>871.68</u> BI-WEEKLY  <u>22,663.68</u> ANNUALLY         </div>	TO GRADE <u>8FP</u> STEP <u>3</u> <div style="text-align: center; margin-top: 10px;"> <b>BASE PAY</b>  <u>9.0229</u> HOURLY  <u>956.43</u> BI-WEEKLY  <u>24,867.18</u> ANNUALLY         </div>
---	---

\*\*\*THIS SECTION TO BE COMPLETED IN ADDITION TO THE ABOVE, ONLY IF EMT PAY IS INVOLVED

<u>871.68</u>	BASE PAY	<u>956.43</u>
<u>10.00</u>	E. M. T. PAY	<u>10.00</u>
<u>881.68</u>	TOTAL PAY	<u>966.43</u>
<u>22,923.68</u>	ANNUALLY	<u>25,127.18</u>
<u>8.2234</u>	HOURLY	<u>9.0229</u>

## TYPE PAY CHANGE

POSITION RE-ALLOCATION: FROM \_\_\_\_\_ TO \_\_\_\_\_  
 EMT PAY \_\_\_\_\_ OTHER (SPECIFY) \_\_\_\_\_ IMPLEMENTATION OF NEW PAY PLAN

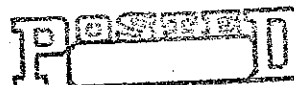
EMPLOYEE [Signature]

CITY MANAGER [Signature]

DEPARTMENT HEAD [Signature]

HUMAN RESOURCES DIRECTOR [Signature]

PUBLIC SAFETY DIRECTOR [Signature]



**CITY OF PHENIX CITY  
PAY CHANGE FORM**

DATE 09/18/1999 EMPLOYEE NUMBER 1299 DEPARTMENT Public Safety  
NAME David P. Davis DIVISION Fire  
DATE OF EMPLOYMENT 4/27/98 POSITION Firefighter  
EFFECTIVE DATE OF PAY CHANGE 9/18/1999 F.L.S.A. EXEMPT NON-EXEMPT ☒

FROM	GRADE <u>8<sup>F+P</sup></u>	STEP <u>1</u>	TO	GRADE <u>8<sup>F+P</sup></u>	STEP <u>2</u>
<b>BASE PAY</b>					
	<u>7.7525</u>	HOURLY		<u>8.2234</u>	
	<u>821.77</u>	BI-WEEKLY		<u>871.68</u>	
	<u>21,366.02</u>	ANNUALLY		<u>22,663.68</u>	

\*\*\*THIS SECTION TO BE COMPLETED IN ADDITION TO THE ABOVE, ONLY IF EMT PAY IS INVOLVED

<u>821.77</u>	BASE PAY	<u>871.68</u>
<u>10.00</u>	E. M. T. PAY	<u>10.00</u>
<u>831.77</u>	TOTAL BI-WEEKLY	<u>881.68</u>
<u>21,626.02</u>	ANNUALLY	<u>22,923.68</u>
	HOURLY	

**TYPE PAY CHANGE**

POSITION RE-ALLOCATION: FROM \_\_\_\_\_ TO \_\_\_\_\_  
EMT PAY        OTHER (SPECIFY) ANNUAL MERIT INCREASE

  
EMPLOYEE  
CITY MANAGER  
DEPARTMENT HEAD  
HUMAN RESOURCES DIRECTOR  
PUBLIC SAFETY DIRECTOR

THE CITY OF PHENIX CITY  
MERIT EVALUATION  
(CONFIDENTIAL)

NAME David Davis DEPARTMENT Phenix City Fire Rescue  
SOCIAL SECURITY # 256-19-1294 DIVISION \_\_\_\_\_  
JOB TITLE Fire Fighter HIRE DATE 4-27-98  
EVALUATOR [Signature] EVALUATION YEAR 1998-1999

Rate each factor based on performance actually demonstrated throughout the evaluation year.  
Include supporting comments to explain ratings.

JOB KNOWLEDGE: Technical knowledge required to perform the job; skill in using established techniques, procedures, materials and equipment; ability to perform assigned tasks.

Unsatisfactory      Marginal      Competent      Commendable      Exceptional

Supporting comments: F/E Davis is extremely knowledgable. He perform's all tasks using established techniques and procedures as though they were second nature. Others would do well to emulate F/E Davis.

QUALITY OF WORK: "How good" is the work produced? Consider quality, accuracy, neatness, thoroughness and adherence to standards. Also consider departmental and/or organizational standards of performance for professional and supervisory personnel.

Unsatisfactory      Marginal      Competent      Commendable      Exceptional

Supporting comments: F/E Davis performs tasks in an extremely efficient manner. His high standards are constantly seen in his work.

QUANTITY OF WORK: To what degree does the employee produce the volume of work or results which can be reasonably expected?

Unsatisfactory      Marginal      Competent      Commendable      Exceptional

Supporting comments: F/E Davis is a team player who when finished with assigned tasks goes out of his way to help others both on an emergency scene and in quarters.

INDEPENDENCE: Follow through on assignments; promptness in completing tasks. Consider amount of supervision required; decisiveness, follow through, stability.

Unsatisfactory      Marginal      Competent      Commendable      Exceptional  
 \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      ✓      \_\_\_\_\_

Supporting comments: F/F Davis is prompt and can be counted on  
at all times. Takes on challenges and seeks out assignments.

CONDUCT: Compliance with established work rules and organizational policies and procedures as stated in Merit System:

Unsatisfactory      Marginal      Competent      Commendable      Exceptional  
 \_\_\_\_\_      \_\_\_\_\_      ✓      \_\_\_\_\_      \_\_\_\_\_

Supporting comments: F/F Davis complies with established work rules.

ATTENDANCE: Extent to which employee can be counted on to be on the job.

Unsatisfactory      Marginal      Competent      Commendable      Exceptional  
 \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      ✓

Supporting comments: F/F Davis is extremely dependable. He can be  
counted on at all times.

INTERPERSONAL RELATIONS: Ability to work well with others; helpfulness to public and co-workers; relates well to superiors. Consider confrontations; effectiveness in interacting with others in an appropriate manner and human relations factors in actions.

Unsatisfactory      Marginal      Competent      Commendable      Exceptional  
 \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      ✓      \_\_\_\_\_

Supporting comments: F/F Davis works very well with others.  
He is an asset every time he steps foot in the public  
eye. He is always willing to help someone.

## OVERALL EVALUATION OF PERFORMANCE

Unsatisfactory

Marginal

Competent

Commendable

Exceptional

Make additional comments to explain the employee's overall merit evaluation. Any unusual circumstances which may have affected the employee's performance should be noted here (evaluating department head/supervisor may use this space to make additional comments.)

Employee Weak Points: FF Davis needs more driver operation training and schooling.

Recommendations for Improvement: FF Davis needs to make sure he knows the responsibilities and expectations that will be placed on him in becoming a future driver.

Employee Strengths: F/F Davis is prompt, knowledgeable, neat, accountable, hard working, and enthusiastic.

Acquired skills not being utilized in present position: \_\_\_\_\_

Training/certifications completed during review period: EMT, Fire Inspector

Aerial operator as well as attending Chattahoochee Valley Comm. College

Recommendations for further training and development: Continue seeking knowledge.

Comments of individual rated: \_\_\_\_\_

[Signature] 8-31-99  
Department Head Date

[Signature]  
Human Resources Director Date

[Signature]  
City Manager Date

I have discussed this evaluation with employee:

CO. CLAY

Evaluator

Date

Employee

Date

On the basis of this merit evaluation, an annual increase of \$ 8/2 (not to exceed 6.1% unless approved by the City Manager) is recommended effective September 18, 1999.

THE CITY OF PHENIX CITY  
MERIT EVALUATION  
(CONFIDENTIAL)

NAME F/E D. Davis DEPARTMENT Phoenix City Fire Rescue

JOB TITLE Fire Fighter HIRE DATE 4-27-98

EVALUATOR <sup>D/E Johnson</sup>  
C/Sumby D/E Taylorson EVALUATION YEAR 1997-1998

Rate each factor based on performance actually demonstrated throughout the evaluation year.  
Include supporting comments to explain ratings.

JOB KNOWLEDGE: Technical knowledge required to perform the job; skill in using established techniques, procedures, materials and equipment; ability to perform assigned tasks.

Unsatisfactory      Marginal      Competent      Commendable      Exceptional

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      ✓      \_\_\_\_\_

Supporting comments: F/E Davis came in to Phoenix City Fire Rescue with good job knowledge due to the training he received as a Fire Fighter with Auburn Fire Dept.

QUALITY OF WORK: "How good" is the work produced? Consider quality, accuracy, neatness, thoroughness and adherence to standards. Also consider departmental and/or organizational standards of performance for professional and supervisory personnel.

Unsatisfactory      Marginal      Competent      Commendable      Exceptional

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      ✓

Supporting comments: F/E Davis is always on the ball and one step ahead of most Fire Fighters.

QUANTITY OF WORK: To what degree does the employee produce the volume of work or results which can be reasonably expected?

Unsatisfactory      Marginal      Competent      Commendable      Exceptional

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      ✓

Supporting comments: F/F Davis Always performs, whether it be station duties or Fire Fighting tasks he is a hard worker.

INDEPENDENCE: Follow through on assignments; promptness in completing tasks. Consider amount of supervision required; decisiveness, follow through, stability.

Unsatisfactory      Marginal      Competent      Commendable      Exceptional

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      ✓      \_\_\_\_\_

Supporting comments: F/F Davis takes on assignments and needs little supervision

CONDUCT: Compliance with established work rules and organizational policies and procedures as stated in Merit System:

Unsatisfactory      Marginal      Competent      Commendable      Exceptional

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      ✓

Supporting comments: F/F Davis conducts himself in a professional manner in compliance with all rules and regulations

ATTENDANCE: Extent to which employee can be counted on to be on the job.

Unsatisfactory      Marginal      Competent      Commendable      Exceptional

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      ✓

Supporting comments: F/F Davis can be counted on at all times.

INTERPERSONAL RELATIONS: Ability to work well with others; helpfulness to public and co-workers; relates well to superiors. Consider confrontations; effectiveness in interacting with others in an appropriate manner and human relations factors in actions.

Unsatisfactory      Marginal      Competent      Commendable      Exceptional

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      ✓

Supporting comments: F/F Davis works well with others relates well with superiors, and is very helpful in the public



## OVERALL EVALUATION OF PERFORMANCE

Unsatisfactory

Marginal

Competent

Commendable

Exceptional

✓

Make additional comments to explain the employee's overall merit evaluation. Any unusual circumstances which may have affected the employee's performance should be noted here (evaluating department head/supervisor may use this space to make additional comments.)

Employee Weak Points: F/E Davis needs more experience on medical runs.

Recommendations for Improvement: F/E Davis is taking EMT Basic to improve his usefulness on medical runs.

Employee Strengths: F/E Davis is motivated, he is a self starter, and is constantly seeking knowledge.

Acquired skills not being utilized in present position: \_\_\_\_\_

Training/certifications completed during review period: Apparatus operator Aerial, and continues to attend CCEC

Recommendations for further training and development: Continue training in both the fire and medical fields.

Comments of individual rated: \_\_\_\_\_

[Signature]  
Department Head

9-18-98  
Date

I have discussed this evaluation with employee:

[Signature]  
Evaluator

17 Sept  
Date

\_\_\_\_\_  
Human Resources Director

\_\_\_\_\_  
Date

[Signature]  
Employee

17 Sept 98  
Date

[Signature]  
City Manager

\_\_\_\_\_  
Date

On the basis of this merit evaluation, an annual increase of \$ \_\_\_\_\_ (not to exceed 6.1% unless approved by the City Manager) is recommended effective September 19, 1998.

~~LESS THAN 1 YR. SERVICE~~



## PAY CHANGE FORM

DATE JANUARY 15, 1999DEPARTMENT PUBLIC SAFETYNAME DAVID PAUL DAVISDIVISION FIREDATE OF EMPLOYMENT 04/27/98POSITION FIREFIGHTERFROM GRADE FP8 STEP 1 TO GRADE FP8 STEP 1 F.L.S.A. EXEMPT        NON-EXEMPT XEFFECTIVE DATE OF PAY CHANGE JANUARY 23, 1999

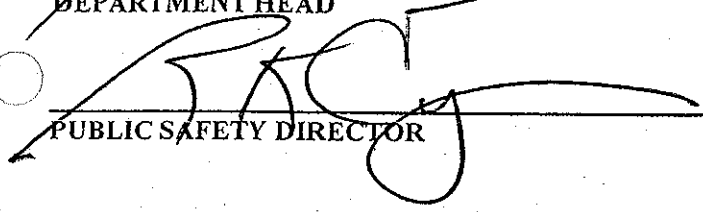
## BREAKDOWN OF PAY CHANGE

BASE PAY FROM 7.7525 TO 7.7525 HOURLY  
FROM 821.77 TO 821.77 BI-WEEKLY  
FROM 21,366.02 TO 21,366.02 ANNUALLY



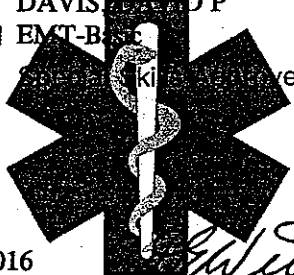

\*\*\* THIS SECTION TO BE COMPLETED, IN ADDITION TO THE ABOVE, ONLY IF EMT PAY IS INVOLVED \*\*\*

BASE PAY FROM 821.77 TO 821.77 BY-WEEKLY  
E.M.T. FROM        TO 10.00 BI-WEEKLY  
TOTAL PAY FROM 821.77 TO 831.77 BI-WEEKLY  
FROM 21,366.02 TO 21,626.02 ANNUALLY

## TYPE PAY CHANGE

E.M.T. PAY XPOSITION RE-ALLOCATION: FROM        TO       OTHER (SPECIFY)         
EMPLOYEE  
CITY MANAGER  
DEPARTMENT HEAD  
HUMAN RESOURCES DIRECTOR  
PUBLIC SAFETY DIRECTORPOSTED  
2/3/99

rec 1-15-99

	Alabama State Board of Health	
This Certifies <b>DAVIS, DAVID P</b> as a licensed <b>EMT-Basic</b>		
		
License No.	9900016	
Expires:	03/31/2001	
	 State Health Officer	

## Benefits/Payroll

☒ Alabama Withholding Forms – A4

☒ Federal Withholding Forms – W4

☒ Retirement Enrollment Form

☐ AFLAC Info/Payroll Deduction Forms

☐ Safety Shoe Approval Form

☒ Life Insurance/LTD Insurance

☐ Previous Insurance Coverage Forms/Cancellation Memos

☒ Medical Dental/AFLAC

☐ Vacation/Personal Leave

☐ FMLA Information/Request

FORM  
**A-4**  
REV. 5/97ALABAMA DEPARTMENT OF REVENUE  
Employee's Withholding Exemption Certificate

FULL NAME **DAVID PAUL DAVIS** SOCIAL SECURITY NO. **256-19-1294**  
 HOME ADDRESS **6225 LEE ROAD 240** CITY **PHENIX CITY** STATE **AL** ZIP CODE **36867**

**EMPLOYEE:**

File this form with your employer. Otherwise, Alabama income tax must be withheld from your wages without exemption.

**EMPLOYER:**

Keep this certificate with your records. If the employee is believed to have claimed too many exemptions, the Alabama Department of Revenue should be so advised.

**HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS**

- IF YOU ARE SINGLE, \$1,500 personal exemption is allowed.
    - if you claim full personal exemption (\$1,500) write a letter "S"
    - if you claim no personal exemption write the figure "0" (Note: If you claim no personal exemption on Lines 1 or 2, you cannot claim dependents on Line 3.)
  - IF YOU ARE MARRIED or SINGLE CLAIMING HEAD OF FAMILY, \$3,000 personal exemption is allowed.
    - if you claim exemption for both spouses or if you are single claiming head of family (\$3,000) write the letter "M"
    - if you claim exemption for yourself only (\$1,500) write the letter "S"
    - if you claim no personal exemption write the figure "0" (see note under 1(b).)
  - If during the year you will provide more than one-half of the support of persons closely related to you (other than spouse) write the number of such dependents. (See instructions on other side.)
  - Additional amount, if any, you want deducted each pay period. \$ 0
- THIS LINE TO BE COMPLETED BY EMPLOYER:
- TOTAL EXEMPTIONS (Example: Employee claims "S" on Line 2 and "1" on line 3. Employer should use column headed S-1 in Withholding Tables.)

I certify that the withholding exemptions claimed on this certificate do not exceed the amount to which I am entitled.

DATE

4-21 19 98

SIGNED

Form **W-4**  
Department of the Treasury  
Internal Revenue Service**Employee's Withholding Allowance Certificate**

OMB No. 1545-0010

**1998**

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

1 Type or print your first name and middle initial: <b>DAVID P.</b>		Last name <b>DAVIS</b>		2 Your social security number <b>256 19 1294</b>	
Home address (number and street or rural route) <b>6225 LEE ROAD 240</b>		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box.			
City or town, state, and ZIP code <b>PHENIX CITY AL 36867</b>		4 If your last name differs from that on your social security card, check here and call 1-800-772-1213 for a new card. <input type="checkbox"/>			
5 Total number of allowances you are claiming (from line H above or from the worksheets on page 2 if they apply)		5		0	
6 Additional amount, if any, you want withheld from each paycheck		6		\$ 0	
7 I claim exemption from withholding for 1998, and I certify that I meet BOTH of the following conditions for exemption: • Last year I had a right to a refund of ALL Federal income tax withheld because I had NO tax liability AND • This year I expect a refund of ALL Federal income tax withheld because I expect to have NO tax liability. If you meet both conditions, enter "EXEMPT" here		7		EXEMPT	
Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.					
Employee's signature		Date <b>4/21/98</b>		19	
8 Employer's name and address (Employer: Complete 8 and 10 only if sending to the IRS)		9 Office code (optional)		10 Employer identification number	

Cat. No. 10220Q

ADDCHG  
(Rev. 8/97)
**RETIREMENT SYSTEMS OF ALABAMA**  
**ADDRESS CHANGE NOTIFICATION**

Retired Members: This form is for HOME ADDRESS ONLY and is NOT to be used for DIRECT DEPOSIT Bank addresses.

FORM MUST BE SIGNED  
TO BE VALID

EFFECTIVE DATE  
OF NEW ADDRESS 07 / 11 / 01

**Retired Members Only:**  
Check below if applicable

☐ I receive more than one  
monthly payment from  
RSA.

☐ I wish to receive a form to  
request setup or change  
Direct Deposit to my Bank.

MEMBERSHIP	STATUS
EMPLOYEES <input checked="" type="checkbox"/>	ACTIVE <input checked="" type="checkbox"/>
JUDICIAL <input type="checkbox"/>	INACTIVE <input type="checkbox"/>
TEACHERS <input type="checkbox"/>	RETIRED <input type="checkbox"/>
RSA-1 <input type="checkbox"/>	BENEFICIARY <input type="checkbox"/>
PEIRAF <input type="checkbox"/>	RECEIVING <input type="checkbox"/>
PEEHIP <input type="checkbox"/>	

SSAN 256 - 19 - 1294  
Social Security Account Number

EMPLOYER City of Phenix City  
(Active Members Only)

PLEASE PRINT

NAME DAVID P. DAVIS

OLD ADDRESS	STREET <u>6225 Lee Rd 240</u>
	CITY <u>Phenix City</u> STATE <u>AL</u> ZIP <u>36870</u>
NEW ADDRESS	STREET <u>185 Lee Rd 236</u>
	CITY <u>Phenix City</u> STATE <u>AL</u> ZIP <u>36870</u>

SIGNATURE

DATE SIGNED 07 / 11 / 01

STATE OF ALABAMA  
Retirement Systems of Alabama  
P. O. Box 302150 ♦ Montgomery, Alabama 36130-2150  
(334) 832-4140 or 1-800-214-2158  
Web site: www.rsa.state.al.us

Check One:  
☒ ERS  
☐ TRS

**Instructions:** Please print or type in black ink. This form must be signed for changes to be activated. Please complete the Member Information and Member Authorization sections and only the other sections where changes apply.

**Member Information (Must be completed in all cases)**

Name: DAVID PAUL DAVIS Social Security No.: 256-19-1294  
First Middle/Maiden Last  
Home Phone No.: 336 291-1927 Membership Status: ☒ Active Member ☐ Inactive Member

**Name Change/Correction**

\* To change or correct your name, please contact the Payroll official at your place of employment. If you are an inactive member, you must submit to this office a copy of the legal document that authorizes the name change.

**Address Change/Correction (New mailing address)**

Address: \_\_\_\_\_  
Street Address City State Zip Code  
Home Phone No.: ( ) Work Phone No.: ( ) Effective Date of Change: / /

**Beneficiary Change/Correction**

To name multiple beneficiaries, use the back of this form.

**DESIGNATION OF PRIMARY BENEFICIARY**

Name: Brenda Bunn Davis Relationship: Spouse Date of Birth: 03/14/1978  
260 - 39 - 2095 Address: 185 LCC Rd 236 Phenix City AL 36870  
Social Security Number Street or P. O. Box City State Zip Code

**DESIGNATION OF CONTINGENT BENEFICIARY**

Contingent Beneficiaries will receive benefits only if all Primary Beneficiaries are deceased.

Name: Donna Davis Relationship: Mother Date of Birth: 01/30/1954  
260 - 92 - 8426 Address: 6225 LCC Rd 240 Phenix City AL 36870  
Social Security Number Street or P. O. Box City State Zip Code

( ) Check (✓) if Beneficiary information is continued on the back of this form.

**Member Authorization**

Signature of Member: [Signature] Date of Signature: 12/02/03

**Notary (Required only in case of Beneficiary Change(s).)**

STATE OF Alabama COUNTY OF Russell

On this 29<sup>th</sup> day of December, 2003, personally appeared before me, the above named individual and made oath that the statements made are true.

[Signature]  
Notary  
My Commission Expires: July 12, 2006

mailed 12/16/03

PLEASE TYPE OR USE BLACK INK TO COMPLETE

ERS

Member Information Record  
**EMPLOYEES' RETIREMENT SYSTEM OF ALABAMA**  
 135 South Union Street  
 P. O. Box 302150  
 Montgomery, Alabama 36130-2150

FOR EMPLOYEES' RETIREMENT SYSTEM  
 USE ONLY

NAME: \_\_\_\_\_  
 Last First Middle

REMARKS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

1. ☒ New Member ☐ Beneficiary Change  
☐ Transfer ☐ Other Changes/\_\_\_\_\_  
 (Please Specify)

2. SOCIAL SECURITY NO.:

2	5	6	1	9	1	2	9	4
---	---	---	---	---	---	---	---	---

3. SEX: ☒ Male ☐ Female  
 4. STATUS: ☐ Married ☒ Single  
☐ Widowed ☐ Divorced

PLEASE PRINT: No Initials

5. NAME: DAVIS DAVID PAUL  
 Last First Middle Given Maiden

6. DATE OF BIRTH: 11 09 74  
 Month Day Year

7. NAME OF SPOUSE: N/A  
 Last First Middle

8. DATE OF BIRTH OF SPOUSE: \_\_\_\_\_  
 Month Day Year

9. CLASSIFICATION OR TITLE OF POSITION YOU WILL HOLD: FIREFIGHTER

Name of Employing Agency CITY OF PHENIX CITY Section or Division FIRE DEPARTMENT

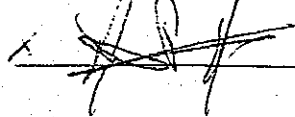
10. Have you ever been employed by any agency of public education in Alabama? ☐ Yes ☒ No  
 11. Have you ever been a member of the Employees' Retirement System of Alabama? ☐ Yes ☒ No  
 12. Were you a member before beginning employment with your current employer? ☐ Yes ☒ No  
 13. Have you ever withdrawn contributions from the Retirement System? ☐ Yes ☒ No

14. If you answered yes to any of the preceding four (4) questions (Items 10 through 13), please provide the information requested below, listing most recent employment first.

Name and Location of Employing Agency	Dates of Employment	Name Under Which You Were Employed

15. I certify that I am not now a member of any other state supported retirement plan in Alabama and have completed to the best of my knowledge and belief all statements and answers printed herein.

USUAL SIGNATURE OF MEMBER



PERMANENT MAILING ADDRESS

6225 LEE RD 240  
 Street  
PHENIX CITY AL 36867  
 City State Zip + 4 Code

TO BE COMPLETED BY EMPLOYING AGENCY

Name of Employing Agency	Date of Employment	Annual Salary	Number of Pay Periods Per Year	Employment Status (full-time, 1/2 time, 3/4 time, etc.)	Date Form Submitted
CITY OF PHENIX CITY	4-27-98	21,365.76	26	Full Time	4-20-98

Reviewed and Signed for Employer By: Dan McPherson

Signature of Official

HUMAN RESOURCES DIRECTOR  
 Official Title



**EMPLOYEES' RETIREMENT SYSTEM OF ALABAMA  
DESIGNATION OF BENEFICIARY PRIOR TO RETIREMENT  
--TO BE COMPLETED BY THE EMPLOYEE--**

**DEATH BEFORE RETIREMENT**

Example	Employee Age	Years Service	Benefit Payable if Employee Dies Before Retirement
A	Over 60* or Any Age	10 or more  25 or more	Choice of (1) Option 3 monthly benefit (50% allowance) to spouse unless another individual is designated or (2) return of member contributions and total earned interest plus death benefit equal to the salary on which the member made retirement contributions for the previous fiscal year (October 1 - September 30) **
B	Under 60* or Over 60*	Between 1 & 25  Between 1 & 10	Return of member contributions and total earned interest plus death benefit equal to the salary on which the member made retirement contributions for the previous fiscal year (Oct. 1 - Sept. 30) **
C	Any Age	Less than 1, death was job-related	Return of member contributions and total earned interest plus death benefit equal to annual earnable compensation of member at time death occurs**
D	Any Age	Less than 1, death not job-related	Return of member contributions and total earned interest plus matching death benefit which is limited to \$5,000 maximum

Note: The employee's spouse will receive the benefit specified unless the employee has designated another individual as beneficiary since January 1, 1985. If no individual has been designated as beneficiary, and there is no spouse, the appropriate lump sum payment will be made.

\* Age 52 for State Police members.

\*\*For Examples A, B and C, if the death occurred more than 180 calendar days after the member's last day in pay status, or if the deceased had applied for a refund of contributions, or terminated employment, the lump sum payment would be the same as shown in Example D.

**PLEASE TYPE OR PRINT GIVING COMPLETE INFORMATION**

I, the undersigned, do hereby designate:

First	FULL NAME Middle/Maiden		Last	DATE OF BIRTH Month/Day/Year	SEX	Street	COMPLETE ADDRESS City State Zip + 4 Code			RELATIONSHIP TO ME
DONNA	JOHNSON	DAVIS		1-20-54	F	6225 LEE RD 240	PHENIX CITY	AL	36867	MOTHER

as the beneficiary to whom I instruct the Board of Control of the Employees' Retirement System of Alabama to pay the benefits due as a result of my death prior to retirement.

**DESIGNATION OF CONTINGENT BENEFICIARY**

In the event the beneficiary named above does not survive me, I designate:

First	FULL NAME Middle/Maiden		Last	DATE OF BIRTH Month/Day/Year	SEX	Street	COMPLETE ADDRESS City State Zip + 4 Code			RELATIONSHIP TO ME
RONALD	CARL	DAVIS		11-24-53	M	6225 LEE RD 240	PHENIX CITY	AL	36867	FATHER

to receive the benefits payable as a result of my death prior to retirement.

I agree on behalf of myself and my heirs and assigns that payment so made shall be a complete discharge of the claim and shall constitute a release of the System from any further obligation on my account. Should I survive both of the before-mentioned beneficiaries, my member contributions and total earned interest plus the appropriate death benefit shall be paid to my Estate.  
(AFTER YOU FILL IN THE INFORMATION ABOVE, YOU MUST ACKNOWLEDGE YOUR SIGNATURE BEFORE A NOTARY PUBLIC.)

Signature of Applicant

State of Alabama, County of Russell  
this 28 day of April, 1998, personally appeared before me the said named individual to me known and known to me to be the person described in and who executed the foregoing instrument and he (or she) acknowledged that he (or she) executed the same and being duly sworn by me made oath that the statements in the application are true.

Signature of Notary Public

(If you have an official seal, affix it.)

MY COMMISSION EXPIRES 03-30-2002

*mailed 5/4/98*